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TRANSACTIONS

OF THE

North Carolina Dental Society

AT THE

TWENTY-NINTH ANNUAL SESSION

HELD AT

WINSTON-SALEM, N. C.

COMMENCING JUNE 17TH, 1903

PUBLISHING COMMITTEE, F. L. HUNT

ASHEVILLE, N. C.:
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1903

PROCEEDINGS.

WINSTON-SALEM, N. C., June 17, 1903.

The Twenty-ninth Annual Meeting of the North Carolina Dental Society was called to order in Winston-Salem, N. C., June 17, 1903, at 8:30 p. m., by the President, Dr. J. H. Benton. After a musical selection by the Tillinghast Orchestra, the meeting was opened with prayer by the Rev. Dr. H. A. Brown.

Mayor O. B. Eaton delivered the address of welcome, as follows:

ADDRESS OF WELCOME.

Mr. President, Officers and Members of the North Carolina Dental Association, Ladies and Gentlemen:

No more pleasing duty has ever been imposed upon me than that which comes to me tonight, in welcoming to our city this honorable body of men, who are representing such a great and growing organization. Words can but ill convey the general appreciation we feel in having you as our guests. We deem this an occasion of more than ordinary interest, and it is therefore my privilege and pleasure to bring to you the most cordial greetings. So strongly do I feel the difficulty of saying anything worthy of this gathering that I should have been disposed to defer it, had I felt at liberty to decline the service to which I have been invited. I wish, however, by compliance, to express my admiration and high regard for the Dental Association, and I wish to acknowledge my sense of obligation to those through whose industry and skill suffering humanity has been made to rejoice, and faces writhing in pain to break forth into the loudest praise and turn their woe into bright songs of gladness.

I wish still more, Mr. President, to express my joy at the progress that you have been making through this organization, not only for your own improvement, but to raise the standard of efficiency for those who would seek this field of labor. We welcome you because we recognize that you rightfully belong to the whole fraternity of working men, born and bred to work, and this honorable mark written upon your brow by the hand of the Almighty identifies you with all classes of working men whether of hand or brain.

The Dental Association has come to stay, and it is a credit to your profession and to those who have invented, step by step, the methods that are indispensable in modern dentistry, without which

you could not undertake to do the work which you are easily accomplishing every day. Of course, Mr. President, the most essential part of this organization is not the Association itself, it is the intelligence, the brains, the sense of truth and honor that reside in the men who conduct it and make it a vehicle of usefulness and a power for good in your profession. Here in this organization are inaugurated plans and set in motion influences for your own protection as well as for the protection of the public against unskilled and unlearned men. Mr. President, this is a progressive age; times like these demand a high order of professional men in all lines of endeavor, and by putting the best means of instruction within the reach of the young men who knock at your doors, by making them stronger and more proficient in the dental college and by improving the methods of specific equipment, you are building up a class of professional men who will be an honor to your profession, and will constitute one of the most important and useful classes of society.

Again do we welcome you because we recognize your profession as essential to the health and happiness and well-being of mankind. Whatever makes men wiser and better improves civilization and leads us to a higher and better life. It is a well-established fact in the scientific world that the best mental and physical results are obtainable from healthy minds and bodies, and in order to have healthy minds and bodies, there must be good digestion and assimilation, and the digestion we are told is frequently impaired and sometimes destroyed when the organs which God has given to us are not kept in order. Mr. President, I believe there is nothing in the world more trying than the life of a miserable dyspeptic, and when a dentist leads him out of that condition into the bright realm of health, he carries him, as it were, into a sort of heaven on earth. The skillful dentist is a benefactor to the race. He scatters joy and gladness, he scatters health and happiness. He broadens the thoughts, the feelings, the affections, the temper and the heart. There are men and women with contorted faces and lustreless eyes, moping around, moaning and groaning with all kinds of imaginary ills, who simply need the touch of a dentist's hand, the pressure of a dentist's arm, and a seat in a dentist's chair to take the kinks out of their hair, the weakness out of their backs and the corns off their toes. Mr. President, it is wonderful what a change comes over a man who has had his mouth inspected and his teeth renovated by the modern processes of grinding and sawing and packing and pulling under the skillful hand of a dentist. It makes him a better father, it makes him a better husband, it gives him a greater appreciation of the duties and responsibilities of civilization, and a better appreciation of the comforts and blessings of life.

Again, Mr. President, we welcome you because your field is ever broadening and widening wherever civilization goes, because you are

raising your standard, increasing your power, establishing your influence, progressing in principles, in morals, in popularity, until the day will come when no class of professional men will be more honorable and high-toned than those who belong to your profession. You are not only bringing to your profession a high order of well-directed skill, but you are helping to establish a more public sentiment of the great moral and political questions of the day, and becoming more and more a factor for good in the development of our business life and energy. Commerce, we well know, is the vanguard of civilization, and wherever commerce goes there must go the blessings of science and art, and among them all I regard none greater than those dispensed by the dental profession. If we could tonight summon up from their graves and bring hither that olden company of men and women who have long since passed away, and could they sit with us in their mortal flesh and describe to us the tortures through which they passed when here upon the earth, and should we tell them of the distinguished progress you have wrought and what blessings you have brought to us by a wider knowledge of your profession, they would rise up and say: "Thrice blessed art thou."

Some one has said: "Blessings on the man who first invented sleep;" but, Mr. President, I say: Blessings on the man who first invented dentistry.

"We can live without poetry, music and art,
We can live without conscience, we can live without heart,
We can live without love, we can live without books,
But civilized man cannot live without cooks.

"We can live without books; what is knowledge but grieving?
We can live without hope, what is hope but deceiving?
We can live without love, what is passion but pining?" * * *
But where is the man, Mr. President, in this day and time who
can live without dentists?

I hope that you will all practice long and prosper, and in the name of our growing city, with its aspiring manufactories, its elegant homes, its grand institutions of learning, and its noble-hearted citizens, we welcome you most heartily, and I shall always esteem it one of the great pleasures of my life to have had the honor of welcoming you to our city. We are glad to have you with us, and we hope, when your deliberations are over, that you may carry away with you pleasant recollections of your stay. We open wide our gates to receive you, and bid you a most hearty welcome.

Response by Dr. E. J. Tucker:

RESPONSE TO THE ADDRESS OF WELCOME.

Mr. President, Members of the North Carolina Dental Association, Mayor Eaton, Ladies and Gentlemen:

My fellows, I greet you heartily with a fraternal spirit of love. I am glad to be with you again. Another year has passed and with it our varied experiences, our successes, our failures and many glorious thoughts and happy dreams; forgetting these for the present, we lay aside the tiresome routine of practice and the constant anxieties and cares thereto, and come eagerly with glad hearts to enjoy and refresh ourselves again in the assembly of our loved friends and brothers.

As a member of the North Carolina Dental Association, by order of our President and Executive Committee, it now becomes my pleasant duty to make response and acknowledge the cordial, graceful, hearty, eloquent and kind welcome that has been extended to us by the distinguished Mayor of this city.

We feel and know that you have reflected the feelings and sentiments held and cherished for us by the citizens of this good city. Among the episodes and incidents of professional life, a gathering of dentists animated by a common purpose and inspired by a common impulse will always be refreshing, enjoyable, ennobling, strengthening, refining and elevating. And with the circumstances that distinguish this occasion, the splendid welcome given us by the citizens of this good city and the members of our local fraternity, we are delighted, but not surprised, because we have enjoyed your hospitality before. We knew of your hospitality, your magnanimity, your chivalry and your unmatchable kindness and courtesy. And so, my friends, our hearts are warmed, our eyes brightened, our pulse-beats quickened, and we resolve to press on to the topmost plane of professional advancement and progress, and find aid and inspiration in this dignified and fraternal gathering.

Would that I could control words with which to express our estimate and appreciation of the cordial welcome we have received through you, Mayor Eaton, from this great city and this grand and noble people, a welcome to your hearts and homes and the scenes and associations of historic interest and importance.

We are impressed by what we have already experienced, and you may feel assured that, while enjoying your courtesy and kindness, we will gladly share your labors in the promotion of our common interest and calling, and rejoice in the reward for your fidelity and devotion to a beneficent and honorable profession.

We have caught the spirit of the age (money-making), and so it

has been hard for us to overcome the many difficulties of leaving home so long as there was a dollar in view, even though we were to take part in a meeting for a good cause. However, we have surmounted these difficulties and are here, and the magnificent welcome extended to us in such eloquent language makes us feel already that we are fully repaid for making any sacrifices to come among this people in this delightful place.

And so we have left our loved ones and our homes and bring to this assembly the contribution that a kind Providence has given us, and place it on the altar of professional faith and worship, knowing by past experience that we shall receive and carry away with us tenfold upon our investment. That shall compensate us for our sacrifices, reward our labors and leave us rich in increased resources that shall stimulate us for research and advancement, and make us rich in the approval and esteem of our co-professional brethren.

We call to mind now no other town, city or locality that could so perfectly fill the requirements of a delightful and profitable meeting.

Here we find a beautiful city with about twenty thousand souls filled with energy and zeal and keeping abreast of this progressive age.

Here we find centering great railroads; here we find one of the largest tobacco markets in the State and a large manufacturing interest with an annual out-put of millions of dollars.

Here we find the stimuli and energy that make for this city magnificent commercial possibilities.

Here we find a soft, balmy climate, rich fruit and beautiful flowers that would beautify, glorify, and adorn a second Eden.

Here we find health, wealth, beauty, music, and the crowning and the distinguishing feature of your beautiful city—an array of gallant and chivalrous men, and an imposing and resistless array of lovely women, peerless in their matchless grace and radiant beauty.

And so, Mr. President, it is meet and fortunate that we hold our meeting in this beautiful twin city of North Carolina, noted for its culture and refinement, for its educational and benevolent enterprises and institutions, and its splendid colleges. And here we find some of our State's most distinguished men: scholars, jurists, ministers, physicians, and statesmen, and also here we find our own specialty brilliantly illustrated in the practice of representative men.

Mr. President, amidst war and difficulties, our specialty moves steadily on, never hesitating or halting. Our progress in all departments has been markedly wonderful and encouraging. "And you, my seniors, o'er whose brow age has been flung, but whose heart is ever young"—you, who have borne the burden of the days past, and labored with heart and hand, must feel a pardonable pride in seeing your labors thus rewarded. "Our old men see visions and our young

men dream dreams." And they, standing side by side in the Janus of the twentieth century, looking back, back, far back in the past, and up, and up, with pride they see the wonderful discoveries and inventions and the rapid progress, until now only a powerful glass can trace the outlines of our profession in its great achievements. The dental surgeon has given to the world many valuable discoveries and inventions. "Think of that wonderful discovery whereby the knife of the surgeon is steeped in the waters of forgetfulness and the deepest furrow in the knotted brow of agony is forever smoothed away." Horace Wells, a dental surgeon, gave to the world anesthesia, and forever enshrined his name in the hearts of men, and placed his statue in the temple of fame.

These things give us hope to look on the open sky and see the perfect dawn of day in the future for us as a profession.

And now, Mayor Eaton, in conclusion we thank you for your grand reception, your eloquent, hearty and cordial welcome. Our hearts send back to you, measure for measure, a swelling tide of gratitude, and for you we hope a continuation of that prosperity that has distinguished your past, and forecast a future even more bright, beautiful, grand and glorious.

After another musical selection, Dr. Everitt said:

"I desire to say that the Executive Committee will be glad to receive the applications of any who are not yet members of the Association. We think it right and proper that they should affiliate with the Association at the earliest date possible. While it is true that they do not know whether they have passed the Board, yet we will be very glad indeed to receive their applications and elect them tomorrow. If not fully qualified and in the event that they do not pass, then the fee will be returned to them. Dr. Tucker, Dr. Horton and myself will be glad to receive their applications tonight, and while I am up I would like to say further that I move, in view of the fact that it is very late, that we defer the reading of the minutes until the morning session."

The motion was carried.

The annual address of President Benton was then read. On account of the recent illness of the President, this address was read by Dr. J. M. Fleming, as follows:

PRESIDENT'S ADDRESS.

With feelings of genuine pleasure we accept the privilege so graciously granted us for our meeting here today in this beautiful city of Winston, a city so justly noted for the culture, refinement, public spirit and hospitality of her citizens, a city made especially dear to this Society as the home of so many of its true and loyal sons, who, by years of active service in its interest, have made themselves honored and loved by its members. At no other city could the North Carolina Dental Society find environment better adapted to its tastes; and at what other place could our labor, the advancement of scientific dentistry and the promotion of its usefulness, receive greater impetus than at the home of these worthy gentlemen and accomplished dentists? We were fortunate in being invited to such a city, a city of beauty, push, enterprise and progress. We were invited, and we are here.

It was indeed a great and difficult task for some of us to be present at this meeting. It was trying, to cut loose from business as long as there was, for some of us, in these close times, a fee within reach — difficult to decide that we could spare even a few days, notwithstanding it was for such a good cause; yet in the face of every obstacle we are among these good people, and as the mind affectionately dwells on the pleasing welcome which has just been extended to us in such glowing and eloquent words, we feel that already we are doubly repaid for making any sacrifice to come to this meeting in this delightful place.

To loyally and faithfully perform the obligations lying along the pathway of duty is indeed the good fortune of him who may be called upon to serve his fellow man in whatsoever capacity. In the discharge of the duties which have devolved upon me as President of this Society during the past year, the feeling of pleasure has oftttimes been experienced. The keenest pleasure and satisfaction are felt by all in performing that duty which has brought us together today, to exchange greetings and work for the good cause of humanity.

We have left our homes and loved ones to bring to this convention whatever Divine Providence has placed at our disposal as a free offering upon the altar of professional faith and worship, realizing that we shall receive and carry back a large percentage upon our investment, which will more than compensate for our sacrifices, reward our labors, and leave us rich in new attainments, opulent in increased and added resources, wealthy in fresh sparkling gems and pearls of knowledge, plentiful in a new and bright illumination for our guidance along the pathway of future research and advancements,

and precious in the esteem and approval of our co-workers and fellow-craftsmen.

The mutual association of members of any profession, the formation of this Society, gives breadth, depth, strength and weight to every individual member; and each one, if he carries from here but one thought, one idea, this will help him the better to minister to the needs of suffering humanity, and his coming will not have been in vain.

The charlatanry that pervades the domain of Dentistry in some sections of North Carolina, inflicting gross injustice and pernicious influences upon the unsuspecting public, jeopardizing the dignity and honor of the dental profession, is a menace to civilized society. It is is indeed embarrassing to every individual of professional attachment to know that from our ranks arise characters who are so devoid of the sense of honor as to allow themselves to plunge into obscurity and odium and thus place themselves beyond the pale of salvation. The facts, however, make action more imperative, and it is but right that the profession should investigate and learn if possible the prime causes of such an existing evil, and do all within its power to purify its ranks and correct this condition.

Since the earliest history of scientific dentistry, the practitioner has shown no inclination to hold his methods of treatment in privacy. A full knowledge of the progress of dental science is within the grasp of the reading public. Every effort has been made by the members of the profession and her societies to enlighten the public as to the truths that underlie scientific research and thereby obliterate every opportunity of the "quack," and put an end to his baneful practices. A more thorough knowledge by the laity is essential for the better interest of science and the greater appreciation of its merits. A more extended dissemination among the masses of the positive truths concerning our professional work would make our task easier and grace us with the dignity of men of knowledge, and lessen the opportunity of this boastful pretender, the wheedling quack.

Among charlatans may be found two classes of men, both, however, possessed of undue pretention of skill. One is made up of men who are only half educated, with a superabundance of egotism and self-partiality, but without self-respect. The other is composed of the thoroughly tutored, with keen intellect, and a greedy, ill-regulated longing to live lives of ease and luxury, regardless of justice and honesty. Both are possessed of little or no moral sense and are corruptly battling for the mighty dollar. They are totally incapable of appreciating anything within the limits of the code of ethics, and any effort to convince them of the error of their way would be of no avail.

Aggressive warfare is the only available means against injustice

and dishonesty. All advantageous methods are being utilized by every man of professional instinct to educate the people and thus place them upon a plane above catering to quackery.

A competition for cheapness and not excellence of workmanship is the most frequent and certain cause of the rapid and sure destruction of the organs of mastication, as it is generally so of all arts and manufactures.

The dental law of North Carolina is intended to give protection to the public, and it should be enforced. It is not only the duty of the dentists, but it is also the duty of every good and law-abiding citizen, to aid the profession in its enforcement and expose and bring to justice those who are evading the law. If the purposes for which it is intended are accomplished, great good will, no doubt, result. We have a good law, perhaps as good as that of any state in the Union, and we are greatly at fault in not enforcing it. A law not enforced is productive of greater evils than no law at all. The information received from the clerk of the Superior Court of each of the different counties in the state is my authority for making the statement that about one-fourth of the dentists practicing in the state today have not complied with the law. I would suggest that the Society give this matter due consideration at this meeting.

The ever-enterprising state of North Carolina has always played a prominent part in every line leading to the advancement and protection of humanity; her civil influence extends throughout the whole Union, and her sons and daughters are among the best of every state and territory, and be it said to the honor of her dentists, she has one of the best and most prosperous Dental Societies south of Mason and Dixon line. There are within our state today possibly three hundred and fifty dentists, and our membership is a little less than one hundred.

In 1898 we had eighty-two members. We have made a gain of sixteen members in five years. Our membership must be increased; it should be more than doubled in a very few years. How to accomplish this is a difficult question to solve. If we can get them interested in Society work, no doubt every progressive dentist will join us. It is a fact that nearly all the members of the Society are progressive men, yet this does not necessarily show that all who are not members are less so, but it is certain that they are not as progressive as they might be. Doubtless many of them would be with us if they could be brought to realize the importance of our work. There are many good, honest, reputable dentists practicing in the state, and every one of them should become a member and attend the meetings of this Society. The larger the membership, the greater will be the number present at the meetings, and the larger the attendance of good active men, the greater will be the benefits to all the others.

There is not any one, however ignorant, that does not know something which would be of interest and benefit to some other member. We meet to compare methods, exchange ideas, to teach and to be taught, to tell of our successes and our failures, to discuss the progress we are making in dentistry in North Carolina and to promote courtesy and general good feeling among the members.

Our officers from year to year have urged the members to attend the meetings, but little attention has been paid to non-members. This year about one hundred programs and invitations, with a personal letter, have been sent out to as many dentists who are not members of the Society, and we sincerely hope that results of this may be seen during this meeting. Their failure to become one of us is unjust to the Society, unjust to themselves, and a great injustice to their patrons. Whatever benefits we may procure for the profession the non-member gets and without any effort on his part. No man should be willing to receive from his professional brother anything without giving something in return. I suggest that a committee of one from each judicial district be appointed on Increase of Membership, to assist the officers in approaching non-members at least once a year in such manner as they may deem proper.

It has been suggested by our worthy and efficient Secretary that the Publishing Committee be appointed by the President at the opening session of the annual meeting. This committee, knowing the work that will be required, will more closely observe the action taken by the Society at each session, and be thereby enabled to more satisfactorily and hastily complete the work demanded of it. I suggest that this course be pursued in the future.

So far as I have been able to learn there are but six of the organizers of the North Carolina Dental Society now living, and but three of these in membership at the present time. The time is not far distant when much valuable history of the Society will be forever lost to us. I would, therefore, recommend that a committee be appointed to prepare a history of the Society from its earliest organization to the present time and present the same at the next annual meeting. This would be information of great value, as well as interest, especially to the younger members.

I take pleasure in calling your attention to the fact that the National Dental Association will hold its next regular session at Asheville, N. C., on the 28th day of July next, and I would recommend and urge a large attendance of the North Carolina dentists. Also, that during the month of August of next year an International Dental Congress will be held at St. Louis. This promises to give to the profession a collaboration of the much advanced thought upon the science of dental surgery. No doubt this will be an occasion full of interest and profit to all who may be present.

I would recommend that in the future the President of the Society, immediately after installation, appoint a committee on Necrology, that some notice may be made in the Journals at the time of the death of any of the members, and appropriate resolutions be prepared and presented at the following meeting of the Society.

The past year has brought sadness to the Society, for the loved faces of Drs. J. W. Hunter, T. M. Hunter and J. W. Hatcher, three of our devoted members, are to be seen among us no more.

The Grim Reaper has severed the slender cord that bound them here on earth, and they have gone to their reward. Although they have passed from this life and its scenes of toil and disappointment, sometimes pleasure, the impress of their lives upon this Society will be felt for all time to come. It is our loss. We will miss them. A committee has been appointed to prepare memorials and an appropriate time has been designated for the Society to offer our last tribute to the memory of our departed brothers.

One year ago you conferred upon me the highest honor within your power, the Presidency of this beloved Society. I accepted the charge with excusable pride in being so honored by you, but also with a true perception of the great responsibility intrusted to me. With the guidance and aid of our trusty Secretary and the noble corps of committees, we hope to insure, in all respects, a successful meeting.

I shall ever cherish the very pleasant memories of the past year's work, as well as the undying love I have for this Society and the men who compose it.

I can only request for my successor the same kind, appreciative regard, the same congenial co-operation, and similar evidences of affectionate consideration from the members, that it has been my pleasing good fortune to receive.

On motion of Dr. Rominger, the following committee was appointed to consider the President's address: Drs. Harris, Rominger and Harper.

At a subsequent meeting the committee made the following report, which was adopted:

Mr. President:

The Committee on the President's Address begs leave to report as follows: We approve of the suggestion that the Society give the matter of the enforcement of the state dental laws due consideration at this meeting, and feel that we have been rather apathetic in this regard. Whether from fear that any active measures of prosecution might raise a cry of persecution with the implied reflection upon the public mind that the profession is jealous of the success of the offend-

ers, or whether from a lack of inclination to put ourselves to the trouble necessary to carry out the prosecutions or from mere indifferentism, is the question. So far as your committee knows, but little persistent or systematized work has ever been done to see that the dental laws are enforced properly.

Perhaps it might be soundly contended that, while it is the duty of every good citizen to aid in upholding the law as expressed in its various statutes, it could not be expected that everyone should constitute himself a vigilance committee and weigh judiciously the actions of men. This would bring upon us the odium of meddling interference and the implied thought, "You would better mind your own business."

This brings us to the reflection that perhaps we are not minding our own business as a Society as closely as we might, and we would suggest that a committee be appointed from each judicial district whose function it shall be to look out for offenders against our dental laws, and in a quiet manner report any such offenders to the solicitor of the district represented, suggesting to him that he ask the judge to charge the grand jury carefully on these points.

We believe this would have a most salutary effect. The dignity of our noble profession would be the better upheld and the public would be better protected.

We feel that unless something definite and systematic is done our laws will continue to remain a dead letter.

Your committee heartily commends the faithful and persistent efforts of the President and Secretary to reach good men throughout this state who have not hitherto joined our Society, and we are pleased to note that these efforts are already bearing fruit in the increase of members from among those who were personally addressed as well as among the young men who have only just been before the examining board.

Second. We recommend, in accordance with the suggestion of our worthy President, the appointment of a committee of one from each judicial district on Increase of Membership, to assist the officers in approaching non-members at least once a year in such a manner as they may deem proper.

Third. Your Committee most heartily seconds the recommendation of the President that a committee be appointed to prepare a history of the Society, from the earliest organization to the present time, to be presented at the next annual meeting.

We would call your attention to the fact—of which some of you may not be cognizant—that material is in the possession of the Society, if the records and papers have been carefully preserved, that will be valuable in leading up to the history suggested. We refer to a paper presented by our worthy member, Dr. Griffith, in which he

set forth some facts relative to the life and character of our pioneers in dentistry in this state.

Nothing is more important to a state than the preservation of the annals of her people, and your committee feels that we should not let the recommendation in regard to the preservation of a history of our Society, go by without proper action thereupon.

Your committee would emphasize the attention called by the President, in his address, to the International Congress to be held at St. Louis, and trusts that our state Society may be well represented there. It will doubtless be a source of great interest and profit to those who may attend and will react beneficently upon our Society through those who are so fortunate as to be present.

Fourth. Your committee approves the recommendations concerning the appointment by the President, immediately after his installation, of a Committee on Necrology, whose duty shall be to give to the Journals prompt and suitable notice of the death of any of our members, and prepare suitable resolutions to be presented at the following meeting of our Society.

Your committee, in conclusion, would commend a most careful perusal, in the published Journal, of the entire address of our President, which is so replete with good thought and valuable suggestions.

F. H. HARRIS,
H. D. HARPER, Sr.

The Annual Essay, by Dr. F. L. Hunt, of Asheville, was then read, as follows:

OUR PROPER FIELD OF USEFULNESS.

Mr. President, Fellow Dentists, Ladies and Gentlemen:

"In six days the Lord made Heaven and earth and all that in them is;" or, if you please, after the gathering together of that widely-diffused nebulae into a more tangible mass, which finally resolved itself into what we are pleased to call the world, God placed man in the Garden of Eden.

Man was placed there by Divine inspiration, after which he became a free agent. Soon environments and conditions became changed by the appearance upon the scene of woman — Eve. What followed is as familiar to most of us as a nursery rhyme.

The aspirations of God were high indeed — Divine, in fact. Man, however, was unable to live up to that high ideal and standard, and lo, his fall in the inheritance from Father Adam!

Parents, fond and indulgent, choose for their offspring certain lives, business or professional, such as they desire them to follow.

Their education may be directed along lines calculated to fit them for the vocation chosen for them by their parents to such an extent that scarcely the thought of any other vocation would occur to the child. Natural aptitude is so often overlooked, which, if followed, would undoubtedly lead to success, when failure or a mere existence is the reward for the follower of the ambitious parents' chosen occupation for their child.

The child's own methods, those methods which come to him naturally and instinctively, are so often overlooked. Parents lead themselves to believe that their child is best fitted to follow, in his battle for existence and possible fame, the vocation which is their choice, even though the child may rebel by showing a dislike for the training which he is receiving. Probably most children would choose a proper vocation, one to which they are best fitted, if encouraged in the amusements they most like. The child who finds his greatest delight in building miniature railroads and in other ways displaying mechanical ability, would be a hopeless failure if he were to study for the ministry because his fond mother desired him to become a preacher of Divine truth.

Clay became a great statesman, even overcoming great obstacles, because of his persistence in following his own inclination.

Eugene H. Lehman, who recently won the first Rhodes Scholarship, followed his inclination to think and wonder. This led him to study the real purpose of life, which he decided was not mere happiness, but a harmonious living with the laws of nature. Education was the means of attaining that end. A casual study of his career will show that he is finding a proper field of usefulness.

Most of us are familiar with the work being done by Russel H. Conwell. He once said: "I attribute my success to always requiring myself to do my level best, if only in driving a tack straight." And, by the way, Conwell says, he has "given up practice and gone to preaching." He gave up the profession of law and became a preacher of the gospel. A few preachers would undoubtedly be more successful if they were to "give up preaching and go to practicing."

No matter where one's field may be, it is obvious that one's best efforts must be exerted.

Still, something more than effort is essential. One writer has said: "There are a great many things that success depends upon which are not taught in schools or colleges. Do not think because you have been graduated, and have a school or college diploma, that you are necessarily equipped for a successful career, for many of the secrets of achievements elude text-book writers, escape the attention of teachers, and are never mentioned in the class-rooms. There are certain indescribable qualities of personal attraction, manners, and subtlety which inhere in tact and common sense that are not found

in schools and colleges, and yet upon them all great work depends. There is an intangible something called personal magnetism, a power to surround one's self with success qualities and attract success elements, which eludes photographers and biographers, and yet is most potent in masterful careers."

This so-called personal magnetism is as essential to the successful career of the dentist as to one of any other profession because of the fear that must be overcome. It has the tendency to breed confidence in our ability and integrity.

Most patients desire in their dentist, in times of their dire distress, which is sometimes occasioned by a visit at the dental office, a bright, cheerful nature, kind, gentle and sympathetic, though decided and certain in determination.

To become a successful dentist the requirements are indeed great — greater than for many other professions, for there must be combined the mechanical ability, the aesthetic and artistic nature, and the practical business training.

The statement, "To know one thing perfectly is to know all things," is too broad a statement for practical purposes, though when considered logically it forms a basic principle. No single profession can stand by itself. Teachers of one subject must have a practical understanding of allied subjects, if they are to obtain reasonably good results.

The gunsmith is not necessarily a good hunter; he may understand the mechanism of his gun, but he must also know something of the haunts and habits of the game if he wishes to bring home trophies of his outing. While also the dentist might be a mechanic of ability, unless he is familiar with the temperament of his patient and is able to adapt his work to that temperament, his result is at least without that harmony which we see in Nature.

How many artistic natures are lacking in the ability to put into execution their ideas, ideas which if executed would be most beautiful and artistic. How irritating to the artistic nature must be the work of him who has no conception of that harmonious symmetry and unity which we are pleased to call beauty.

Sad indeed is the condition in which a dentist's mechanical ability enables him to do almost any piece of work presented, but whose aesthetic tastes would not suggest a discrimination in cases. His place is not conducting a private practice; the aesthetic man must dictate to him — show him what is required and allow him to make it.

Perfection cannot be attained, but to approach it as nearly as possible should be our aspiration.

> "Frail creatures are we all! To be the best
> Is but the fewest faults to have."

While we are professional men, we are also business men. To be devoid of this qualification is to be devoid of one of the essential requisites. Business ability is necessary in almost every walk of life. Without it one cannot do his best work; he is handicapped in more ways than one.

Dentistry is not the proper field of usefulness for the man who is without at least some business training. Many professional men there are, who stand pre-eminent among the members of their profession, but who are lacking in business ability such as is essential to a successful practice.

Still, success has many and varied meanings. Today, the day of great advertising schemes, the day when people are looking for so-called bargains — looking for the promised-most for the least payment in return, is the season in which many undeserving practitioners are successful from the business or financial point of view. But when placed before the view of their victims, the ethical and professional success would be doomed, or at least it should be. Have these humbugs a place in the professional world? Most emphatically, yes, is my answer, and that place is the one provided for others who make thieving their profession.

Another class might be the eminently ethical practitioners whose works are living monuments to their fame but who are practicing in some remote corner of the universe where a successful practice is an impossibility. They have found their proper profession, but have failed in that decision which confronts so many graduates, namely, the location in which to carve out a successful career. Men whose previous training has consisted in doing only what a chief has dictated will be dentists who will allow their patients to suggest methods of treatment and procedure. Such men often become, to a degree, successful because they flatter the conceit of their patients by allowing them to believe they know, or "I told you so." The man who agrees with a patient must certainly be a wise man in the opinion of that patient.

In many cases the opinion of the patient probably is equal to, or better than, that of the "wishy-washy" weakling who sees only such a method of conducting his practice, though the patients of greater intelligence do not claim to know anything about a subject that has been entirely foreign to their line of study, and the real dentist who has made a life-long study of his subject refuses to be influenced by some petty and ridiculous belief of those egotistic patients who know so much of everything and really but little of anything.

The dentist who has opinions of his own, though not dogmatic, however, and follows them to a logical conclusion, has certainly more

nearly found his proper field of usefulness than the "straw in the wind" who is subject to every breath of his boasting patient.

After another musical selection and upon motion of Dr. H. V. Horton, the following committee was appointed to consider Dr. Hunt's essay: Dr. H. V. Horton, Dr. J. S. Spurgeon and Dr. D. E. Everitt.

At a subsequent meeting the committee made the following report, which was adopted:

Mr. President:

Your committee appointed to report on the essay of Dr. Hunt begs leave to submit the following:

We find it very carefully prepared and containing much food for reflection. We recommend that it be published in the proceedings, and that you give it your careful consideration.

H. V. HORTON,
J. S. SPURGEON,
D. E. EVERITT.

The following names were presented for membership, and elected at a following meeting: J. A. White, Chas. G. Powell, Arthur H. Fleming, E. O. Chambers, Burwell F. Hall, L. I. Gidney.

A letter was read by the Secretary from Messrs. Brown & Williamson, cordially inviting the members of the Association to visit their tobacco factory.

Dr. Rominger: I move that the Treasurer collect the dues before we adjourn.

Dr. Benton: Those who desire to pay may remain after the session has adjourned to pay their dues.

The President then appointed on the Publication Committee, Dr. E. J. Tucker; he, however, being unable to serve, Dr. F. L. Hunt was appointed in his stead.

The Society adjourned.

SECOND DAY.— Morning Session.

The Society was called to order by the President at 9 a. m. The minutes of last meeting were read and approved.

It was moved and carried that the reading of the minutes of last Annual Session be dispensed with.

Dr. C. A. Rominger read a paper on Porcelain Inlays, as follows:

PORCELAIN INLAYS.

How pleasing the sight, to a lover of nature, to stand on some hard-attained eminence and feast the eyes on the beauty of the plains which lie below, stretching in undulating beauty in the far distance over which he has traveled! The eminence on which he stands has so enlarged his horizon that he is able to comprehend with enraptured soul many of the beauties, which were once much nearer his touch, but which he did not fully take in when so near. So in dentistry it will do us good today to look back over the plains through which we have passed and from our present eminence behold some of the beauties of our handiwork, and contemplate, with some degree of intelligence, the progress we have made. But it is not my purpose to point out to you the whole landscape that lies behind us, but only to particularize some of the things devolved in our last advance step. I may characterize the porcelain inlay as the last step in our profession up the hill of science. Stand with me today on this proud height and view some of the beauties that lie within our grasp. Rest the weary eyes from the shining golden beauties so skillfully wrought by dexterous hand and feast them on the pearly crystal gems so perfectly set out in nature's odontological back-ground as to deceive the very eye itself. For in the porcelain inlay we have so nearly approached nature in color and density as to perfectly restore the beauty which has been wasted by accident or decay. The porcelain inlay has come to stay. It has its place, not to supplant all others, but to claim a durable and unique place among them.

RELATIVE VALUE.

As to the durability of the material itself there can be no question, for it is not affected by the fluids of the mouth. We have all observed that the margins of a cavity never crumble when filled with a good cement. The cement may waste away by trituration or chemical solution, but the margins will stand there like enduring cliffs as proof that a good cement arrests the progress of decay and preserves the margins of a tooth cavity beyond any other material. There is an advantageous chemical action which we may not be able to explain, the porcelain inlay we have durability of the material itself and the chemical action of the cement at the point most needed, together with but which every careful dentist has observed as a fact. So that in the ideal appearance and finest aesthetic effect it has been possible

thus far to attain. Then again the amount of cement is reduced to a minimum so that it is hardly possible to have any wasting out around a well adapted porcelain inlay. Another advantage is attained here that cannot be attained by any other filling material thus far known, and that is its nonconductability of heat and cold. The thermal changes are less than with cement alone. It can be claimed, then, for the porcelain inlay that it is durable, beautiful and comfortable.

ITS PLACE.

I do not claim that it can be put just anywhere in the mouth, nor do I think it desirable nor necessary to do so. But in the anterior teeth where other filling materials become conspicuous and disfiguring it is the great desideratum, the ne plus ultra, of our present attainments. Then again, where there are frail enamel walls which it is desirable to preserve, the porcelain inlay meets a long felt want.

THE CAVITY.

In the preparation of the cavity it must go without saying that all decay must of course be removed and that there can be no undercuts. It is not necessary to have perpendicular walls, but they may be flared to some extent, especially if the cavity is of some depth. It is especially desirable to have well-polished margins, and there must *not* be a thinly-beveled edge, for that would make feathery edges of the inlay, and they are frail and friable. Of course that would at once defeat one of the main objects to be obtained — perfect adaptation of the margins. If there be irregularities in the cavity away from the margins, it makes no difference, provided, they are not undercuts. It must be such that the matrix will come away without any change of form whatever. But now we have a cavity clean of caries, with polished margins, and free of undercuts. Next is

THE MATRIX.

For this we must have pure platinum foil 1-1000 of an inch in thickness. This is then burnished into the cavity, so as to make a perfect adaptation to all its parts. In this I will describe three distinct steps, no one of which can be ignored or lightly passed over:

First Step. — Place the foil over the cavity so that when pressed down the foil will cover well and lap over every wall of the cavity; then with a piece of wet cotton in the pliers, or under a round-head burnisher, press the foil carefully down to the bottom of the cavity. This takes care and patience, for if done hastily the foil will be torn and your work a failure. If, however, there be a *slight* tear or rent in the fold which does not reach to the margin of the cavity, it will make little difference, provided, you carefully brush off from the under side of the matrix with a clean camel's-hair brush any porcelain which may leak through before your first bake is made. But you cannot

have the slightest rent at the margins. After working the foil thus to the bottom, then from the center work outwards with round-headed burnishers until you have pretty well adapted the foil to the cavity. The foil has not yet been folded down over the edges against the tooth. Before doing this look well that there are no folds in the foil at the margins of the cavity. We are now ready for the

Second Step. — Pack the cavity in the matrix full of wet cotton and while holding it firmly pressed down with a round-headed burnisher fold the edges of the foil down against the tooth. Then take a short piece of cotton tape and draw it firmly over cotton matrix and all so as to press the foil flat against the tooth, and with burnishers adapt it as well as possible to the margins and beyond, outside of the cavity. Now remove the tape and the cotton, and the foil, then replace it in the cavity and burnish as nearly perfect as you can. This ends the second step.

Third Step. — Take a strip of good rubber dam about one inch wide and of sufficient length to handle easily, and stretch it firmly over the matrix while in perfect position, and with proper burnishers complete the matrix by making a perfect adaptation in all of its parts to the cavity. By means of the rubber dam you can burnish out every wrinkle and there will be positively no rock in it anywhere. Now take a delicate explorer or some suitable instrument and just tease the matrix out of its cavity.

THE SELECTION OF COLORS.

The first thing is to fill the matrix about level full of body porcelain and make a bake; then, if necessary, or if you are in any doubt whatever of the perfection of your matrix, replace it into the cavity and reburnish the edges perfectly against the margins of the cavity. Now you are ready for the selection of colors. To determine what color or colors you want you must look beneath the enamel and determine what the underlying colors are, and begin with these; for if you start with that which is most like the general appearance of the tooth, you will be disappointed in the finish. Frequently the tooth is of a deeper color near the cervix than near the cutting edge. To meet this, two colors should be used, not as a mixture, but laid on separately and jarred just enough to settle them, and then baked. Now you have the general contour of your filling and the colors baked in place, all you lack is the enamel, which completes the perfection of the contour and gives the final appearance to the inlay. Of course the enamel coating should be the nearest approximation to the natural tooth possible. Unless the colors are thus placed under the enamel of the inlay the porcelain will be translucent and the appearance will be different from the different positions from which it is viewed. This is owing to the fact that the light is not obstructed in

its passage through the crystals of the inlay. But if it consists of the different colors as mentioned above, the light will be broken in its passage through different colors and the appearance will always be the same.

THE BAKING.

The first bake should be about two minutes after the melting of a pellet of pure gold in a Turner furnace; the second bake two or two and a half minutes, as your judgment will suggest after you have experimented enough to understand your furnace; the last bake should be two and a half to three minutes, or long enough to give a perfect enamel gloss on the surface of the inlay. This you will learn by experience.

THE CEMENTING IN.

Here you must have a reliable cement; and so far as my experience goes nothing but the Harvard cement at all meets the requirements. The color of the cement should be as nearly as possible like the underlying color of the tooth. If you are at all in doubt as to what effect the cement will have on the inlay, you can put a little of the powders into the cavity, wet it with water and place the inlay in the cavity and you can know the effect.

Either etch with hydrofluoric acid, the glazed surface of the under side of the inlay, or else score it with a knife-edged corborundum wheel so that the cement will get cleavage on the porcelain and then be sure that everything is perfectly dry. Place the cement into the cavity and also on the under surface of the inlay, taking great care that every margin of the cavity shall be touched with the cement. Then press the inlay home and wedge it tight until the cement has set. The success of the setting of an inlay depends on the perfect adaptation of the inlay to the cavity and the setting of the cement under pressure. Let me specially emphasize this setting under pressure; for that is the most essential feature of the process. There will be less cement in the joint to mar the appearance and less air in the cement and the adhesion will be almost perfect if this is done. It takes much care, patience and skill thus to manipulate an inlay but when it is done, you will feel amply paid for all your trouble, and your patient will be ever grateful for your skill and care.

Dr. J. A. Gorman read a paper on Porcelain Inlays, as follows:

HIGH-FUSING PORCELAIN FILLINGS.

In turning over the leaves of the dental literature of the past decades when the science of dentistry was still in its cradle, and there was not even one trustworthy metal for filling, it is interesting to

know that the wish was often expressed of finding a metal that should satisfy the aesthetic science by approaching the color of the teeth. I regard these writers as the intellectual originators of a method of filling which is not only suited to bringing about a revolution in this department in our time, but is also destined to have an important influence in the future of operative dentistry.

With increasing perfection in dental appliances we are now in a position to employ a method of filling that fairly represents the most perfect dental achievements. It was Dr. G. D. Perry who, at one of the New York Odonlogical Society meetings, said: "We are standing at the beginning of a new era of great significance. The time appears to be approaching when gold fillings in front teeth will be regarded as a relic of a forgotten and barbaric age."

It is not impossible that a better substance than this may come into use yet, I think. Probably for a long period we shall find in porcelain a material not to be surpassed as a means by which we can render both our patients and ourselves distinguished and satisfactory service.

On account of its durability, gold must always stand in the first rank, though gold fillings in the front teeth are certainly not beautiful. Amalgam in such cases cannot be considered, both on account of its dark coloring and because it so often causes discoloration of the teeth. Therefore, our only choice has been gold or one of the plastics, like cement, which disintegrates in a comparatively short time. So for defective front teeth we need a material which shall be as durable as gold and more sightly.

The employment of porcelain filling has a great advantage over the use of other materials in that it seldom is followed by a secondary decay. Even those who have entirely mastered this method should use discretion in the choice of cases. One will learn to save time and labor and to avoid those unhappy failures which tend to bring the method into disfavor with the public.

Carried away by their enthusiasm, some operators in porcelain have made use of it in cases where something else would do better. Small and medium-sized cavities in bicuspids and molars on occusal or approximal surfaces can be more quickly filled with gold and saved more certainly than with porcelain, because the demands in manipulation of the latter material cannot always be completed within these localities, and because porcelain will not bear the force of mastication which normally falls upon these teeth.

Porcelain inlay work has many features about it which are admirable. In its perfection, it is ideal as a method of restoring decayed teeth in the front part of the mouth, and it is fascinating to an earnest operator, but frequently disappointing. There are so many little points in the modus operandi where failure, partial or complete, may

creep in, that it is seldom that even an experienced operator completes a case which is absolutely perfect. The nature of the material, in that it is not susceptible of the slightest alteration or correction after it is once completed, demands the most positive accuracy of the method and manipulation and the greatest care and skill.

BURNISHING FOR THE MATRIX.

Needless to say, the burnishing of each step is repeated until accomplished, annealing the matrix each time before it is returned to the cavity. A piece of 1-1000-inch platinum is cut large enough to extend well beyond all margins other than the cervical margins. After annealing, place in position so that the surplus will be about equally distributed beyond the margins of the cavity. Take a piece of wet cotton and place so as to depress the platinum into the cavity, using a small-sized, round-nosed burnisher and adding additional pellets of wet cotton as the platinum is carried to place, taking care that at no time you are in danger of the burnisher going through the cotton. At this point you do not attempt to turn the platinum over the margin. Remove the cotton and the matrix from the cavity, and if your packing has been thorough you will find that the platinum has been carried to every part of the cavity and your margins are fairly well defined, with little or no danger of breaking through the platinum. If you have broken through the platinum inside the cavity, no harm will result as the body will bridge across without danger of flowing through. If you have any platinum at the cervical margin which will press upon or hurt the gum while burnishing, trim away at this time. Anneal, return to the cavity, and burnish the edges well.

All inlays for restored contours or simple saucer-shaped cavities I build up in layers, and never less than three layers: foundation, color, and enamel.

Before stripping the platinum from the inlay, try into the cavity to see if you have the correct contour. Also have the occlusion just as near as you can by observation. You should not have the patient close upon the inlay, because previous to its being set it would be easy to fracture the porcelain. If the contour is lacking, build in more; if too full, grind it just as desired, and return to the furnace to be glazed again. The inlay is now ready to be set.

Building and inlaying accomplish three objects:

First. A natural-looking translucent inlay.

Second. An inlay built of three or more layers of different body will break up the absorption of light so that from whatever angle or point of view you look at it it will appear practically the same; while an inlay built of all one body or mixture will absorb light all in one direction. Viewed from one point it may seem all right but from the opposite point of view will show up as plain as black and white. An

inlay built of layers will come very near imitating nature's method of building up a tooth, and, by breaking up the direct absorption and refraction of light rays. will come very near looking the same from all points of view.

Third. You overcome the great bugbear of most inlay workers—the cement showing through after the inlay is set. An inlay built up in layers will prevent the reflection through from underneath the cement it is set in. You will often hear operators say that they had a splendid color before the inlay was set, but that after it was set the cement killed it entirely. That was because the inlay was all baked in one body and the cement could reflect through from underneath.

Porcelain is an ideal filling in approximal cavities. It saves poor structure, and to a great extent conceals the fact that they are filled, more than in many other positions. It is gratifying to know that by this method we have been able to give a natural appearance to the teeth, and many ladies who came to us as young girls with cement or discolored gutta-percha remnants find a source of satisfaction in not having these same cavities excavated and refilled every few months.

The use of high-fusing bodies necessitates, of course, the employment of platinum in forming the matrix. Platinum is not so difficult in manipulation, if the perfectly pure article can be obtained, not thicker than 1-1000 of an inch. It is claimed that in cavities with frail and complicated curves it cannot be burnished safe over frail edges. This, if properly annealed, can be avoided. To eliminate complicated curves and reduce to simple ones, heroically cut tooth tissue, thus changing an unfavorable case to a favorable one. A perfectly successful inlay — such we intend to always make — will be one which, under ordinary conditions, will be practically invisible, hence a little sacrifice of tooth substances is not a matter of much importance.

I will now *try* to describe a few points where we have large contour approximal fillings, especially in the centrals. It is a good plan to make your cavities come over occlusively or lingually. Then by making a step and forming a pit in the bottom of the step, also in the cavity nearest the cervical border, put another pit, and after the matrix is burnished well in the cavity, invest the platinum pin — something shaped like a fish-hook. Around this flow your porcelain, then you will have a compound anchorage when a great deal of stress is needed.

The use of hydrofluric acid to etch the filling next to the cavity will add wonderfully in causing the cement to retain the inlay.

If the body warps from the matrix and in trying to the cavity you find some space, you will peel away the porcelain from the body

and place in more porcelain and rebake. You will find it will be an easier plan than to destroy and begin anew.

Where there are two approximal inlays it is better to have them a little darker than the tooth, as they are not so noticeable; but where there is one approximal filling it is better to have it a little lighter than the tooth structure.

The use of very small and short camel's hair brushes, I find, is a handy way of putting on the different layers in the matrix. Also the double X Enamel body furnished by Bruster when the inlay is completed.

DISCUSSION.

Dr. Spurgeon said: I think I voice the sentiments of every member present when I say that we have enjoyed and been very much benefited by these two papers, and especially have we been benefited by the consideration of the minute details of the work. Of all the literature that I have ever seen on this subject, I think the consideration of the minute details of this work is better in these papers than anything I have ever read; however, I do not know why I should have been called upon to open this discussion unless it be for the same reason that you would ask an old maid to deliver a lecture on the training of children.

I am sure we all agree as to the beauty and aesthetic effect of the porcelain fillings; we all agree that there is nothing that is so compatible with the tooth structure, but we do not all agree as to the durability of it. I notice in this Month's Dental Cosmos a review of the subject by Dr. C. H. Land, who is perhaps the originator of the porcelain inlay work. He began his article by looking back about seventeen years, and he calls our attention to a review of the work, judging from the patients he has seen from time to time all down through these years, and the point that the essayist makes as to the nice joints and durability of the cement is not sustained in actual practice. The weak part of the filling is where the cement joins the filling to the tooth; he says that the cement will sometimes give way and leave a dark margin between the inlay and the wall of the cavity, and I think that perhaps sometimes in our enthusiasm in regard to this work we overlook the weak points and magnify the beauty of it. He goes on to describe a plan by which

this can be remedied to a considerable extent; that is by first lining the cavity with gold foil, and then fit in the inlay, and the gold exposed will be reduced to a thread-like line which is far less objectionable than the stained joint.

Another very important matter on this subject is the class of cavities suitable for this work. I notice that both of our papers have little to say on this subject. Now, the class of cavities and the preparation of the cavities are perhaps the foundation of this work. Most any man can build a structure if the architect has laid well his plans, and so we must not consider that this inlay work is suitable for all cavities, and unless it is a suitable case I think we may look for failures. From our youth we have been taught and thoroughly grounded on the principle of making undercuts, and now we are told that the cavity for an inlay must not have any undercut. Some of us cannot conceive of a cavity, so prepared, holding a filling. Will it do it? In fact it looks as if there must be some undercut in the cavity; if there is not, I am skeptical as to the success of the filling.

I am convinced of one thing, and that is that the preparation of the cavity should be studied very carefully if we wish to attain success. I cannot conceive of a saucer-shaped cavity holding an inlay. I have also recently read a paper by Dr. Reeves, in which, if I understand it aright, the idea is that no interlocking-shaped cavity should be prepared, that simply a shallow cavity, not necessarily having perpendicular walls, will hold a filling in position. Now let us look at the small cavities in the anterior teeth. We know we must first take out all diseased portions of it, then cut out sufficient solid tooth to make a saucer-shaped cavity, then take out one wall to make room for the filling being placed in, and the work when completed will make quite a large cavity. Will this be better than the small gold filling that could have been placed in it?

So far as I know, inlay work is not advocated or used in large fillings of the bicuspids and molars, hence it is limited

to a very small class of cavities such as the labial cavities in incisors and the buckle cavities in the molars.

After all we see that an inlay filling is somewhat limited as to the class of cavities, and I cannot help but feel that it is somewhat limited to the expert manipulator and to the man who is a good judge of colors, because I know if a porcelain filling is not properly matched it is more conspicuous than a filling of gold, and it is certainly not any better.

Dr. Rominger said: I did not get to look over that paper of Dr. Gorman's at all, but I am willing to enter into discussion on the general subject if necessary. Dr. Gorman and I as the authors of those papers are entitled to the last discussion on them, but if the gentlemen want to say anything or ask any questions, as far as I am concerned I will try to answer those questions if I can do so, and I am never ashamed to say I do not know, if I don't.

Dr. Harris said: I would like to ask if this inlay work can be used on a flared cavity, and I would also like to ask about the durability of those fillings in inlay work; about how long does it last?

Dr. Rominger said: Allow me to answer that to the best of my knowledge. I have said that I have been working along this line for only about eighteen months or two years, and I do not feel that I can answer that question from my own experience, but I rather prefer answering it from the experience and literature of those who have been practicing it for a longer time. Dr. Reeves and Dr. Capon, of Toronto, have been working about twelve years along these lines, and some of their fillings which have been in for ten years seem to be perfect in every respect, though of course they say some time the fillings may come out.

Dr. Jones: I do not know that I ought to say anything on this subject because I know very little about it, but I do think that, as North Carolina dentists claim that we have one of the best societies in the country, a subject of this importance ought to receive our earnest attention. I believe that is a work for an ideal dentist, and I believe, from what I

have read about it, and from what little I have seen of it, that if we expect to stand in the front rank of our profession we have got to understand this matter, because it is coming; it has been tried by some dentists in some sections of our country, and in other countries, too, and they have found it to be the best filling in many cases. We know very well that gold fillings are the most durable so far as we have tried it, but you take those fillings that show so plainly on the front teeth, and we recognize the fact that we do want something that is not so conspicuous; we want something that does not give such a display of gold, that doesn't make a man's mouth look like a jewelry shop; and when something else arises to fill this want, shall we continue filling the mouths with gold instead of using the newer method?

I congratulate these gentlemen on their admirable papers, and I think this is one of the most important methods of filling teeth today before the profession, and I think it ought not to be passed without a careful consideration.

Dr. Rominger said: I want to stir up the spirits of these gentlemen and put myself before you to discuss the question a little, and then I want to answer any question which I may be able to answer. I want to say first that the porcelain work has come to stay, and it is not worth while for us to relegate it to the rear as if it were a mere fad. I stand here to say in prophetic language that you will be driven to the study of it whether you want to or not. This work, while is costs us a study, is worth a study. I am going to say further that I will not claim that it can be placed anywhere in the mouth, that it is going to set aside all other materials. I think you will all bear me witness that I have always been a conservative man in our profession, so that when I speak of this with enthusiasm I am not saying that it will take the place of gold or any other material. It does not, but in certain places it is very desirable. As to its durability I have no question of a doubt. It is insoluble and there is sufficient body in it to prevent breakage. However, this depends upon the construction of your inlay and the amount of strength that is to be applied.

Do you know that a strong-muscled man can exert about fifty pounds pressure with the muscles of his arm? There has been a machine constructed for testing this, and when you come down with the muscles of your mouth, then you exert from one to three hundred pounds pressure on a filling. So we have to look out where the mechanical force is to apply in a filling if we want that durability which is so essential, and that will depend upon our own judgment and manipulation in that respect.

I have in my wife's mouth two fillings and they are almost perfect. While I do not say that they are absolutely unnoticeable, they are almost so. In my little girl's mouth, seven years old, the first molars were decayed so that they needed filling, and just for an experiment I filled those first lower molars with porcelain, and while I did not get a perfect shade there, for you know how very conspicuous the lower molars are, still I was very much pleased with the success of the experiment. I thought once that I would bring her along with me so that you would see for yourselves, but if you ever come to our place I will be glad to show you a number of cases. Dr. Pitts is here. He has seen some of my work in his sister's mouth. There is one, a bicuspid, in her mouth that was half gone, and I restored that with porcelain. That was some of my first work, and, Dr. Pitts, that is standing yet, is it not?

Dr. Pitts said: Yes, sir; and it is very beautiful work.

Dr. Rominger said: Then I want to relate another instance. The first case that I placed in a mouth was the case of a central incisor that was broken off right across the end. About two lines were broken off. It had been done five or six years before I saw the patient. The girl, who was not grown then, ran against the top of an iron fence and broke off that tooth. It was quite a trouble to her, and her mother brought her to me some years ago. I told her that I did not want to do anything with it just then, but that if she would leave it until I had a chance to learn more of the use of porcelain, I would do it for her. Immediately after I returned from Chicago she came to me, anxious to have it done. She is a grown

woman now. Well, after the tooth had broken off it dropped back and became irregular, and the lower tooth was touching the broken end of it. Now, I speak of that because it would be a most unfavorable place to put a porcelain filling. I prepared that cavity, and I want to tell you of the construction of that cavity. It was nothing in the world but a V-shaped cut across the end of that tooth, just like you would lay in the corner of a square block, and that porcelain filling is just simply a square corner laid down in there and cemented. That filling is almost unnoticeable and has never given one bit of trouble to the patient.

Now, I want to mention, while I am up, some of the things that most of the writers do not mention, and which are some of the most vital things in porcelain work. One thing is the coloring matter. First you select your porcelain, and you think you have an ideal match to your tooth, and yet when you have it all completed you are disappointed in the result. There is a change in the color because of the fact that porcelain is more or less translucent, and the packing has changed its color a little bit so that it isn't exactly what it was before packing it in. That is the secret of the coloring of a porcelain tooth—in getting the underlying colors right before you start to pack it.

Dr. C. A. Bland said: I would like to ask you something regarding the coloring, whether it is not a diffcult thing for some men to distinguish what colors should be used, for some people are more skillful in that respect than others, and I don't suppose you could go by any established rule in that respect.

Dr. Rominger said: I think not. You can hardly find two teeth that are the same color. A man who is color-blind could not succeed at all.

Dr. Reid said: Do you not make an undercut after you have made the cavity to hold your cement?

Dr. Rominger said: That is not necessary.

Dr. Harris said: There has been nothing said about the price or the valuation of time in regard to placing a porcelain filling.

Dr. Gorman said: We all know it takes a great deal more time to place a porcelain filling than any other filling, but I think we can usually get a fee well worth our time, and I charge a good deal more for my porcelain work than for any other work I do. I think that if the people want it they ought to pay well for it. I never look at a porcelain filling for less than $5 and then I go up to $15 or $20. I cannot put in a porcelain filling in less than an hour or an hour and a half. A patient won't appreciate it half as much if your charges are at a low rate.

The subject was passed.

A paper was read by Dr. J. D. Biggs on Prophylaxis.

"WHAT'S THE USE?"

A short time ago I read an editorial in a weekly paper entitled "What's the Use?" and in it found this: "When a man says 'What's the use?' he reaches a low-water mark, and yet we find many purposeful people using these hapless words." I wonder if there are not a few of you here today who have begged, cajoled, commanded, pled with and done everything else that lies within human power to induce some of your patients to make an effort to keep their mouths in a proper condition, but it has often happened that your words were wasted on the desert air. How often have you cleaned some dirty mouth and dismissed your patient with words of earnest admonition against such uncleanliness, and have received such fair promises from them, that even the heart of the poor, discouraged dentist is uplifted, and already he sees in the near future the dawn of the prophylactic day. But alas! too soon comes the eventide of that fair day. The patient approaches, one look into that mouth — in a far worse condition than before — the sun recedes from sight, and then comes that hopeless cry, "What's the use?"

In the hurry and bustle of this busy life we hardly have time to attend to the unimportant task of cleaning our teeth, and so many people do regard it as unimportant. Even in the mouths of the most refined, we dentists may see behind the scenes conditions that are not worthy of refinement; but, as the old adage goes, there is some good in everything if we but find it, for not long ago I examined the mouth of a refined person, and one look gave me a desire, such as I had never had before, to work for the dawn of a really prophylactic day.

What *is* Prophylaxis? It is, as Dr. Crenshaw said before us in our last meeting, "The biggest thing in dentistry." I believe I will go further and say it *is* dentistry. For I believe that the true motive

in our profession should be to give the "ounce of prevention," rather than to let it become necessary to administer the proverbial "pound of cure."

So, then, Prophylaxis is to keep the mouth in a healthy condition — prevent caries. Dentistry is a profession in which the people must be educated, and I think that something of Prophylaxis should be taught in our public schools, and I am glad to know that our Society is making an effort to have introduced into the schools books on dental hygiene. It is appalling when we think that nearly 97 per cent. of the school children of America have diseased teeth, and that such a low percentage will ever receive care and attention from a competent dentist. Diseased teeth are, to my mind, the cause of much ill health among our children. If the food is not properly masticated it can not be properly digested; if not properly digested — then what are the results? We all are only too familiar with them. Furthermore, if a man is a physical wreck, can he be a mental giant? We emphatically say, no, but admit that there are exceptions to this rule as to all others. And often ill health affects the morals, too; often an irritated stomach creates a desire for stimulants, and then, as a rule, we follow the drunkard's downward course.

Certain diseases of the ear, eye, nose and throat can also be traced to caries. And many of these cases, if they had been brought to us in time, would have spared the physician and surgeon many incurable cases as well as the patient much pain and anxiety — would have in all probability given life, would have barred the doors against the monster — Death.

How shall we proceed in this matter? How do we as individual dentists seek to instruct our patients along the line of Prophylaxis? Dr. Osborne said, in our meeting last year, that it was a good plan to extract the tooth that the patient complained of first, so as to give him a taste of what might be expected if he did not take better care of his teeth. Now, Dr. Osborne always says things that are good, impressive and instructive, and he may be right in this, but I can not agree with him, for my experience is that the young don't think much of dentists anyway, and when you begin to extract teeth for them, they never come back unless forced to by a stern parent. I try to save all temporary teeth I can, and all others, and give the parents advice and warn them of the evils that will surely come from neglect. And I have recently been trying this plan: I give some of my patients a spool of dental floss and instruct them how to use it. I believe this is the best and only way to keep the teeth really clean. Of course, they use brushes with an antiseptic mouth wash. The results have been very gratifying to me. In most of the cases the patient finds this way most satisfactory. I give them the thread because the majority will not follow your instructions, but if you give it to them they will feel

ashamed not to try it, and once they become accustomed to this method they will continue it.

A few years ago I was reading a copy of the proceedings of the meeting of the North Carolina Medical Society, and in the President's address I noticed that he claimed that theirs was the only profession seeking to destroy itself. Now, we do not wish to contend with our half-brother, but it seems that we would, in a sense, be co-workers in this self-destruction. A truly professional dentist is a prophylactic dentist, and a prophylactic dentist is seeking by preventive treatment to do away with many surgical and mechanical operations with which he and his half-brother have to contend; therefore, we must claim our share of the glory. Some may object to this from a pecuniary point of view, but we should have a satisfactory fee for treatment which is preventive, as well as for the work we are generally expected to do today.

As we have already said, this is a great, big subject, in fact the biggest subject we meet; and we have also said that progress must be slow; but it would not, it seems to me, be necessarily so slow if the dentists in our land would make one united effort in this direction — if we ourselves realized the importance of this work, kept our own mouths in a prophylactic condition, and by living our doctrine more fully impress its necessity on the minds of our patients.

"What's the Use?" Why, to benefit the present age — to save generations yet unborn the agonies of Odontalgia. Then, free from pain, they can live to realize higher ideals, to live a life of harmony and concord — to live worthily of Him whose they are, and "use rightly the gifts He has given." "What's the use," since it can not come in our day? Not only let dentistry *destroy* itself, but in a spirit of true unselfishness, *forget* self.

"What matter I or they, mine or another's day, so the right word be said, and life the sweeter made?" Let us realize that it is a grand, solemn and most awful thought for every individual man, that his earthly influence which has had its commencement will never, through all the ages, were he the meanest of us, have an end.

In discussing the paper Dr. Harper said: Mr. President and Gentlemen: Such a paper as Dr. Biggs has given us is worthy of the consideration of any dental society, but he unfortunately covers the ground so fully that he leaves but little for me to take hold of with which to begin the discussion. I hope to say something, however, that will sharpen your appetites, and then the real discussion may follow.

Somewhere, since I have been in your city, I saw a very

pretty picture, and it has just occurred to me that it can now be utilized. It was representing a small, pretty girl, it was a very pretty girl, with a dark back-ground. She was holding a light; and the intensity of her face as she was peering into the darkness, it seems in search of light or knowledge, presented to my mind while the paper was being read and while the other papers were being read and discussed, that that was a beautiful representation of the North Carolina Dental Society today. We, with all our glory and all our attainments, have not reached the great end that we desire to attain. There are many things before us that we do not know, and now let every member of the Society stand and hold that light, and, with every power given to him, press forward to get the knowledge and turn on the light.

The Doctor said that about 97 per cent. of the school children of the United States have diseased teeth. When that statement first was made, my mind traveled back over the years of my practice to see whether or not I could verify his statement. I think it is not extravagant, and yet how appalling when we think of the number of dentists there are in this state alone, and when we think of the number of children who come into our offices for treatment and who have the very best we can give them, and yet the thousands that must remain uncared-for. And yet those who do come, those who receive the very best treatment we can give, as was indicated in the paper, return again in a similar and sometimes in a worse condition. I have been made to feel humiliated at the failures, and I have tried the various methods known to me and suggested by others to win these children to a love of cleanliness of their teeth, to a love of the thoughts given in that splendid paper; and while the Doctor was enumerating some of these it occurred to me that perhaps one of the best things to do would be to not only win the confidence, but, as far as in our power lies, to win the love of those children; and I tell you, gentlemen, there is but one thing in this world that I had rather have than the love of a pretty little girl, and that is the love of a grown-up woman.

Now, after we have done all that we can do to impress these facts upon the lives of children as well as grown people, when we have done everything that can be done to help them to keep their mouths in a healthy condition in order that beneficial results may follow, then there is one thing that sometimes may present itself to us. We have used all the preventive powers knows to us, but neither they nor their parents, perhaps, appreciated it; and hence we sometimes are forced to the conclusion that he who prevents does not receive the honor that he who restores receives. One may prevent by teaching prophylaxis, another may fill and restore; but the one who restores is the one who gets the honor and the pay. Incidentally, then, I want to endorse the thought in that paper that a reasonable fee should be charged for preventive measures just as for curative measures.

Diseased teeth produce ill health. Admitting that to be true, it does seem as if it would be easy to impress upon the mind of every individual who comes into our office that his health depends upon keeping his mouth in good condition. And yet, as soon as I return home I have the case of a fourteen-year-old boy with not a single tooth in his mouth but what needs to be extracted. His mother told me the other day, "As soon as you can arrange to do so, you must give him chloroform and extract every tooth in his mouth." Fourteen years old, and in that diseased condition! I thought I would try to restore some of those teeth and preserve enough of them to keep him intact until he was a little older, but those teeth are so very sensitive that I might perhaps as well try to touch his eye with my instruments as to touch the teeth. That led me to thinking along the line of prophylaxis, and I have been experimenting with him. He came into my office only recently, and yet I see nothing to do, nothing that I have been able to think of has accomplished the purpose, and I see nothing to do but extract. Could that boy have fallen into the hands of a good dentist earlier it may be that that child might have been saved all this labor, all this suffering, and have been in far better condition than he really is. The care of our temporary teeth often gives us much better permanent results,

and one thing that all of you have seen is that the first permanent molars are often injured, if not ruined, by being left in contact with a decayed pre-molar. The edge or side of the molar becomes jagged, and it is often better to fill that tooth with gold, because in the diseases known to us all there is a great deal of trouble in restoring that to a healthy condition.

Dryden has said, "Errors, like straws, upon the surface float, he in search of pearls must dive below." And we are in search of pearls, in search of knowledge, in search of that which will help us to give the very best results that dentists can give to their patients and to humanity at large; yet we do not reach up as high as it is possible for us to reach, and we do not dive down as low as we might to get those pearls with which we may aid in benefiting humanity and relieving the suffering.

Dr. Turner said: I was not invited to discuss this paper, but I take the liberty of any member of the Society to say in the first place that I was very much delighted with the whole paper. It was well written and well read. It was logical and forceful from every point of view. I agree with Dr. Biggs that prophylaxis is a great deal of dentistry. There is no doubt in my mind about this fact — that, in order to control the condition of the teeth of children properly, the plan suggested by Dr. Smith, of Philadelphia, is perhaps the most systematic and promises the greatest good. Now, that involves the entire control of the patient, and that involves another idea which the dentist does not seem to have grasped as to his progress in so many other ways. It has been the custom, and we do not know why, for people to go around from one dentist to another, and they do not seem to think there is very much difference in preferring a dentist or in employing a dentist. I do not mean that that is always so, but possibly it is too much so. The idea is that when a family undertakes to employ a dentist, they ought to do the dentist the justice to submit the members of their family to his inspection at such times as he thinks proper. When such is the case, then a child ought to be examined at least once every month in order to be able to

notice what attentions the teeth ought to receive to keep them in proper condition. I believe that if that were done, a child would have better teeth at less expense than by means of any other plan that could be instituted. I believe that it is a fact that dentists very frequently say, "Oh, well, I can clean your teeth some other time, I will put in these fillings today. I haven't time to clean your teeth." I tell you the cleaning of the teeth is the most important of all, because it not only lessens the danger of decay, but the danger of other diseases which are more serious and more painful than decay. I thank you, gentlemen.

Dr. Gorman said: I want to say right here that I have several patients, young patients from ten to twelve years of age, that I have been watching for a year or two. I have been having them come to my office every month or so to see how their teeth looked, and I notice that those patients have taken a pride in their teeth because they know they are coming. Sometimes I will polish only one tooth and tell them to try and get all the others as clean as that one, and in my practice when I get a new patient, the first thing I do is to get to work and clean the teeth before I touch a filling.

Dr. Osborne said: I want to speak a little on this subject. I have not much faith in it — I mean in a certain way — but before I forget it I will speak of the certain point the brother brought out about me saying that sometimes it was a good thing to pull out a tooth and tell that patient that that is only a sample of what he will have to go through with often if he don't attend to his teeth. I want to say that it is a great thing for that young fellow in a great many cases that he gets the tooth-ache and has to visit a dentist to relieve him of his pain. I say also that the greatest thing I can do for him after I have pulled it out, is to tell him, "Now, sir, this thing is going to be repeated every six months or every year for thirty-two times if you don't attend to your teeth," and if you can make him believe that, he will come to the conclusion that, "I am sure I don't want this thing to happen that often," and I believe he will do better in caring for his teeth after that. I

will tell you the proof of the pudding is in the chawing strength. That sort of a lesson is worth a great deal more than many lessons in prophylaxis. And now right here I want to get a little further on in that line because I don't want to go on record as saying that you can make a young person love a dentist, like Dr. Harper can — I mean the little fellows — for you just can't do it; but if you succeed in getting that young person into your office and in filling a tooth for that young man, or that young woman, why, don't take one where the nerve is almost exposed, for if you do you will have that same trouble again — they won't come back to you. In order to succeed in filling a tooth for him, do not undertake one that is aching, take one that you can do something with, take one that will prove to him that a dentist is a good thing, do him a good job, and let me tell you it will teach him a better lesson than anything else. Of course, do not misunderstand me, because there is a whole lot of good in prophylaxis. After you have instructed him in these things, do not preach to him, because preaching to some people about cleaning their teeth don't amount to much. You might as well sing songs to a dead horse for all the good it would do. Well, sir, Dr. Harper perhaps succeeds in getting the children to love him; if he don't, it won't be his fault, so when you go to a child under twelve years of age and talk to him about his teeth and about attending to them, if you really get that child to love you, you are a pretty lovable kind of a fellow. I never let a patient out of my office, if he will listen to me, without impressing upon him the fact that he ought to attend to his teeth and keep them clean. That is one thing I tell them every day, that whatever is worth doing at all is worth doing well, and if you are going to do it, why, do it well; and I go home and I go to sleep all right. That is all I can do. I can't take a mother's place, I cant' go to their homes and do it for them. That's not my place, and I won't do it. That don't bother me further. I do my duty when they are with me, but that is as far as I can go. If they want to ask me about their teeth, I tell them to keep them clean and that is all anybody can do for them.

Dr. Rominger said: This subject was up last year, and I suggested that we might educate the children through the teachers of our public schools, and accordingly I volunteered to give a lecture before the Normal Institute in our county last year. They gave me an hour, and I presented the subject before them as well as I could, and I think I was very much appreciated. I certainly was by the Superintendent and by a great many of those present. They said it was the best lecture they had during the whole institute year. I treated the subject not from a literary standpoint, but simply made the remark that through those teachers I expected to reach all the children of the county, and I did . I think it has borne fruit, and I now have an invitation to lecture before the graded schools of our town. They asked me to do this last year, but the press of business prevented; but I have it in store to go before them and talk on this subject. I believe we have neglected this too much. Now, Dr. Osborne does his duty in his office, as do all the balance of us, I hope. We are all careful to tell people to clean their teeth, but there are thousands of people who do not come to our office, and they are the ones who need it most. If we have any means of reaching them I think we could do them much good, and I say I believe I have accomplished some good by what I did in lecturing before that institute, and I shall endeavor to go before the public schools of our town, and in that way reach the rising generation. I tell them if they will follow my advice now it will save their teeth, their health, their looks and their pocket-books to a great extent.

Dr. Griffith said: I am glad to know that Dr. Rominger has been thus engaged, and I have occasion to know that that course is a very effective one. Ten or twelve years ago I met on the streets one day the Superintendent of Public Instruction of our county, and he told me that a short time before he had occasion to review a book, called Physiology, that was to be introduced into some of the schools over which he had supervision. He said he examined it thoroughly, and he could find nothing at all in that book in regard to the teeth; there may have been a cut or two, but nothing else could he find, and

he said that it occurred to him to ask me to address the teachers of the county in their annual meeting the next week. I told him that I would give him an answer the next day. I thought over it that night, got up a thirty-minutes' talk in a practical way and the night before it was to take place I went up and made some drawings on the blackboard, and I spent those thirty minutes as profitably as I ever did any thirty minutes in my life. For two months after that those teachers never came to town without coming to my office to ask me about some particular thing that I had mentioned on that occasion. A number of those young teachers are mothers now, and I often meet them on the street and they speak of this occasion, and tell me that they are directing the care of their own children's teeth according to the plan suggested by me on that occasion. I have always been glad that I consented to make that talk there. I have been asked to repeat it often but one thing or another has prevented it. Now, you can do more good in that way than you can by putting thousands of books into the hands of the school children. We ought to go to the superintendent and tell him that we would like to do it for the information of the teachers and the pupils.

Dr. Parker said: I am pleased to hear these discussions; there is some instruction for me and I am glad to know that so much has been done along this line, and yet I feel entirely discouraged and at times disgusted completely with the success our efforts seem to attain. It has always been the most important thing in dentistry from my standpoint, this care of the teeth. Some might say, "Why, the making of the dollar is the most important thing," but I maintain that we make the dollar just the same if we look upon our dental efforts as being primarily and always from a prophylectic standpoint. The first thing that suggests itself to me in looking at the mouth and at the teeth is prophylaxis. The first point that arises in my mind is how this filling can be put in to preserve the tooth next to it, to do the most good. I can't simply put it in just to put it there and get my money. I cannot get the comfort from my conscience to put it in just in any way, but I

consider which is the best way; the prophylactic way is uppermost in my mind, and yet there seems to be no way to reach our patients in that respect that will be appreciated. I know in our section of the country it is an appalling state of affairs to look into the people's mouths, and one of the principal questions I want to ask of this body is: Is it a fact that in your profession, in your practice, you have more children to come under your care now than you did ten years ago? Do the parents bring them to you more than they used to? In my practice that has not been increased at all.

Dr. S. W. McCracken said: I want to endorse what has been said, and I also want to endorse the use of an antiseptic mouth wash. I do not let a patient go out of my office if his teeth need to be cleaned unless I clean them, and the next thing I impress upon his mind is the importance of a mouth wash. My patients say to me, "How do you keep your teeth so clean?" and I say "I wash them," and a mouth wash is just as important to the teeth as soap is to the body. It is useless for us to clean a patient's teeth and then not tell him how to keep them clean.

Dr. Rominger said: I appreciate most of the things that have been said in this discussion, but I want to raise one issue. The gentleman who has just taken his seat recommends a mouth wash. Now, I am not here today to say that a mouth wash hasn't its place, but I want to put myself on the other side and say that a good tooth brush and good pure water is all that is necessary to keep the teeth clean, and the mouth will be in a healthier condition than if it is continually being irritated with some kind of a mouth wash. I may be convinced by the gentleman that I am wrong; if so, I desire to be corrected, but I do believe we do our patients the most good when we advocate that which will be the least expensive to accomplish the same end. You can become expensive on almost any line of indulgence, but if we use pure water and plenty of it, and a good bristle brush, we can keep our teeth clean at no expense, and I do not believe it is wise to use any kind of a mouth wash.

Dr. Griffith said: The mouth in a normal condition needs no medicine, just as a body in a normal condition needs no medicine; but a sick mouth needs attention as well as any other part of the body. I want to agree with Dr. Rominger about one thing. These expensive mouth washes are not necessary when the mouth is in a healthy condition. I do not ask any of my patients to use any mouth wash continually every day, but I do ask them to use clear water, cold water, and that is all in the world we need. That will cleanse and keep the mouth in good condition, and instead of paying a dollar for an expensive mouth wash you can save that dollar by using clear water.

Dr. R. L. Carr said: This is a very interesting subject to me, and I suppose it is to every one present. It should be, and while we have discussed it what have we accomplished? We were all aware of the facts that have been stated here before this discussion was opened. It seems to me that as a body, representing every section of the state, we should take some steps along the line that Dr. Rominger and Dr. Griffith suggested in regard to our public schools. That is where we can reach most of the children. This branch should be taught in our schools, and our teachers ought to give some time to the study of it. We know very well that a teacher has a great influence over the children in her class-room, and she can do more toward getting the child interested and in getting it to go to a dentist than anyone else could do. So far as a mouth wash is concerned, it is sometimes absolutely necessary to use one; we want to prevent disease, and it seems to me that the most important subject is to try to prevent this diseased condition of the mouth, and I believe we ought to do this by using a mouth wash when it is necessary.

Dr. Reid said: I want to thank Dr. Rominger, but I think if we should advise our patients to use a mouth wash, in ninety-nine cases out of a hundred we would not miss it, because I think about that many of the mouths that we inspect are diseased. But I am with Dr. Rominger in this respect, that if we find a mouth that is in healthy condition, do not use any-

thing that would get that mouth out of that condition. If a body is healthy, or an organ is healthy, if we use some kind of medicine we are liable to irritate that organ, and bring up an unhealthy condition. One thing that I would suggest is that we test the saliva of the mouth and see if it is in a normal condition. If it is alkaline, then we need not use a different agency to bring out a normal condition; but if it is acid we want to use something that will bring about a normal state of that saliva, and one of the best things that I have found is precipitated chalk. It should be used at night just before retiring so that it will aid the saliva to be brought into an alkaline state, and thereby arrest the decay of the teeth. It has been found that when the saliva is in a normal state the teeth do not, as a rule, decay. If they do, the decay is of a slower nature than when it is in an acid condition.

Dr. Judd said: We are all familiar with the old Scripture, "Train up a child in the way it should go, and it will not depart from it." I believe this method of teaching this subject in the public schools will get at the greatest good to humanity in a prophylactic sense. I knew a teacher once who took pains to notice daily that the children kept their teeth clean, and those children were ashamed to go to school without having first brushed their teeth. She did not only teach it, but she watched after it to see that they were doing what she was teaching, and I think that the best way to get at this thing is to take some action and see that it is taught where it will do the most good. Another thing, we will have greater success with what we do, we will never have so many failures in our work, if the patients are taught early to take care of their teeth, to keep them clean, and if we have to make fillings and do their work later on, we will have greater success and they will have more confidence in what we do.

Dr. Biggs said: Some one has asked, "What good has this done?" We all know that we lag in our interest sometimes, but this discussion has certainly brought out some interest, and we will probably go home with more determination to try to do something. I am very glad indeed to see so many

men here who see the need of prophylactic treatment. To my mind I think we ought to try to save the teeth in preference to making others. It is a much better way to do things.

Dr. Arthur Fleming said: I have been in practice only a short time, but in the course of my practice I was asked by the president of the Female Academy at Louisburg to deliver an address on oral hygiene. I had just come from college, and I didn't know whether I had the nerve to undertake such a thing or not. But I summoned up the courage and did so. I delivered a series of lectures, about seven or eight. I began with the birth of a child, and traced my explanation up to the time when it becomes necessary for the construction of plates. I tried in the different phases to show each treatment and the preventative measures, everything connected with the teeth and the condition of the mouth. I had no idea that it would accomplish any good, but it was not very long before the people began to ask me questions, and I had numbers and numbers of patients from the college who would come in for nothing else than to have their teeth cleaned, and I think it would be a good idea to give a course of instruction in some of our colleges.

Dr. Ware said: Now, I just want to say a word or two. After hearing all these discussions in regard to instruction in the schools, I think that we ought to take some action on it; we ought to take some steps toward getting this subject taught in the schools. It is true that we are having a text-book prepared; but suppose we get that book printed and put into the hands of the teachers in our public schools — why, how are they going to teach it when they know nothing about it themselves? I believe that the best way is to supplement it by having these lectures given in the public schools and before the institutes. I believe that would do more good than the book would. It is surprising to know how little people really know about the teeth; they do not even know how many teeth their children ought to have, how many deciduous teeth; they know nothing about the decay of the first molars; and while these things are familiar to us we think it is very ignorant in

them not to know them; but how can they know unless we tell them? I think this is one of the most vital points that come before us, and we cannot emphasize it too much.

The subject was passed.

Invitation was extended to the Society to participate in a carriage drive after the close of the afternoon session.

The following names for membership were announced, and were elected at the following meeting: R. T. Allen, J. H. Johnson, J. W. Stanley, J. G. Marler, Carl H. Lennon, L. A. Hauser.

Dr. Gorman moved that Dr. S. W. Foster, a distinguished visitor from Atlanta, be elected an honorary member of the Society.

The motion was carried. Meeting then adjourned.

SECOND DAY. — Afternoon Session.

The Society was called to order by the President at 2:30. A letter was read by Dr. Jones from Dr. L. G. Noel, President of the National Dental Association, cordially inviting the members of the Society to attend the annual meeting of the National Association to be held in Asheville, N. C., July 28th.

It was moved and carried that an amendment be made to the Constitution, to read as follows:

"That every member who has paid his dues for twenty-five consecutive years be given a certificate of life membership and pay no more dues."

Dr. Ramsey, of Hickory, N. C., read a paper on

A FEW PRACTICAL POINTS RELATIVE TO PROSTHETIC DENTISTRY.

In considering this question, impression materials, I think, are always of great interest. There are impression materials which will give an almost perfect reproduction of the mouth as it exists; but this is not always just what we want, for there are soft and flabby tissues to overcome and reduce. Some endeavor to do this by scraping and trimming the model, which I think is a piece of guess-work, pure and simple. I do not think there can be any certainty in this manner

of procedure. I know that plaster is almost invariably placed at the head of the list as an impression material, and is held in highest esteem by a large number of practitioners whose opinions are worthy to be considered, but I believe that former training and after habit has much to do with it, causing prejudice even before a trial. In my opinion, there is no impression material that will surpass modeling compound for taking impressions of either upper or lower, full or partial sets. I have used nothing else for ten years for this purpose. It is more pleasant to your patients, who will always appreciate your using it, particularly if they have ever had any experience with plaster. There is no danger of its fracturing upon removal from mouth, and in carrying the material to place has sufficient body to force all soft places firmly up, resulting in a steady, firm plate. For base plates, modeling compound stands at the head of the list, being rigid, will remain true, while obtaining the bite.

There have been many suggestions as to the best way of obtaining the natural bite, but the best way that I have ever found is to stand in front of your patient, place your first fingers well back in the mouth and direct your patient to bite upon them. This directs their mind to the point of mastication, causing them to bite down in the most natural manner.

The assertion has been made by some, high in authority, that short-bite teeth should never be used. I know, from personal experience, that there are many cases where they should be. For instance, with persons who have short lips, or unusually long gums, you cannot use anything that will look so well as short-bite gum teeth.

In cases like the above, and where the gums are full, I sometimes use plain teeth and set the six anterior teeth firmly against the ridge, allowing no rubber to extend over this portion of the plate.

Frequently, in using gum teeth, you will find cases where the blocks of bicuspids are hard to adjust. In such cases use gum teeth for the six anterior and plain teeth from the cuspids back. This will greatly simplify matters, and give you a good, strong and comely set of teeth. I rarely ever use plain teeth for the six anterior ones above, but invariably use plain teeth for the lower set, and in setting them up, I place the bicuspids first. After getting these in a natural position, the rest will be easily placed.

There are times when most of us are obliged to remake a plate. Now, in this case, take an impression in the usual manner, no bite being required; then, with a saw, or your engine and a fissure burr, cut out the palatine portion of the plate as close to the pins as possible without injury. File off the rubber rim, then place what you have left on your model. Wax up, invest, vulcanize, and finish in the usual manner, and you will have saved yourself much time and labor, and your patient will have practically no shoddy plate, either.

I have corrected the bite in lower plates in a manner similar to this, but in this case you must get the bite as well as the impression. After you have gotten the impression and the bite and placed it in your articulator in the usual manner, file off the rubber of the lower plate down to the top of the ridge, then place your lower plate in its proper relation to the upper and bring your articulator together. Wax up and carry the work through the usual process. I think air chambers in most cases are unnecessary.

When a single plate tooth is broken from a plate, I have had very good success in attaching a new one with fusible metal, but to be successful you must invest the piece so that the tooth will be held firmly in place while flowing the metal.

In conclusion of this subject, permit me to say that I think there is no branch of our profession in which the work we do counts so much for or against us as the character of the prosthetic work which we turn loose before the public, for an ill-fitting or unsightly set of teeth is the subject of conversation between your patients and their friends. It is a great mistake to allow a patient to leave your office with a set of teeth that you do not honestly believe to be what they should be.

Do not allow indolence or dishonesty to stand between you and success. Be sure that everything is as near right as you can make it before you allow such work to leave your hands. But, after all, in many instances, when you have done all that can be done, and as for that matter having done your duty well, you will find those who do not appreciate your efforts, but will want to embody their ideas into your work. To all such give no heed. You canot afford to depart from what you know to be right to satisfy the whims of one uneducated in your art, for, the moment you do, you have weakened the confidence of that individual in your ability.

Discussion was opened by Dr. Judd as follows: This is a subject which we all, or most of us, take less interest in than most any other in the profession. We try to avoid it as much as possible — the subject of making plates. I wish first to congratulate Dr. Ramsey on his able paper, and I am sure I will not detain you very long in what I have to say.

First, in regard to the impression materials. I know a great deal has been said about impression materials and a great many have been used, but in my mind no one can be used exclusively and all the rest avoided. To my mind the plaster is the best impression material in some cases, and in

other cases I prefer the modeling compound. In regard to the soft, flabby tissues, Dr. Ramsey says that he does not like trimming the models. I find the greatest difficulty in the hard palates. I will take an impression in plaster and then examine the mouth. I find out how much hard palate you have and make an air chamber to cover that surface, and then I find no trouble in the plates taking hold. In regard to obtaining the bite: His method I have not tried; that it is a good one I have no doubt, but the way I have found very successful is to have the patient close the mouth, at the same time holding the head backward; you will find that it will close naturally and you will get a correct impression. Dr. Ramsey says he almost always uses gum section teeth on the first anterior teeth. When I first began making plates I used them also, but I have found that I am more successful with the plain teeth now, and I am becoming more and more in favor of them; I use them almost altogether. Of course in some cases you cannot do that, but will have to judge about that according to the case. As to re-making plates: Of course we all have to do that sometimes, to our regret. Of course sometimes the trouble is in not getting a correct bite. In that case I find a very good plan is to take a plate that is all right otherwise, take some modeling compound, soften the plate, get the teeth in position, let them close over the plate, and I think you will have no difficulty in getting a correct bite.

This is a subject that we all give less stress to, and which we try to avoid as much as possible, and I hope someone else will bring up some points that I haven't thought of.

Dr. Everitt said: I think it is always best to bring out discussion. I have no doubt that Dr. Ramsey and others have very great success in taking impressions with modeling compound, but my experience has been that I have never made a success in modeling compound. I think that the only thing that you can take an impression with perfectly is plaster. That is my experience, and I have seen some mouths that I do not think it is possible for any man to take an impression of that is perfect. It is impossible to take plaster from some mouths

without breaking it. I use plaster in all cases, without any exception. As to using gum teeth, I never use gum teeth if I can avoid it.

Dr. Harper said: I suppose every man has his own experience and his own difficulties. Being twenty-five years old, I have had a good deal of experience, and I have found a great deal of difficulty in getting correct impressions in a great many cases, but one of the greatest reliefs and greatest helps that I have ever found is to have an impression plate adapted to the mouth. That necessitates a large number of plates, and if I haven't one that fits the case, I make it fit before taking the impression; cut it, shape it so that we can attach it, and thereby we can get a good impression with almost any material if there is sufficient rigidity in the plate, except in those cases that my friend Everitt has just referred to, where there are such overlapping edges or undercuts that no impression can be perfectly made.

Dr. James said: I think that most of us can take impressions well enough and make teeth well enough; I do not say it braggingly, but there is one thing that I do think is neglected and that is a very important point — the charges which we dentists make for this kind of work. We charge good prices for gold fillings and other work, but when it comes to making plates we do that work for nothing. I understand that in some places, especially in the western part of the state, they make plates for two or three dollars. Now, I cannot make such a price as that, and I believe this is something for us all to think about.

Dr. H. V. Horton said: We are cheap enough here, but we have not gotten down quite that low yet.

Dr. Gorman said: We are further west yet. I think there is one man over our way who makes a plate for $10, but that is the lowest price with us. We generally get more than that.

Dr. Osborne said: I am from the wild and wooly west. We get $15 if we can, and we generally do.

Dr. Judd said: I think Dr. James' suggestion is a good one. I believe if we would charge a little more for the teeth, people would avoid having them more than they do.

Dr. Gorman said: What do you get, Dr. James, for a set of teeth?

Dr. James said: We charge $30 for a full set, upper and lower.

Dr. S. W. McCracken said: They make them in our town for $4, but I am going to say that I never made a set for that price. Eight or ten dollars is the usual price.

Dr. Jones said: This subject is a very important one, but there is one thing connected with it that I think is a little more important, and that is the material that we take impressions with. Now, as far as taking impressions with plaster or compound is concerned, if we should take an impression of the upper jaw with plaster and set it aside, and then take one with modeling compound, I think that in ninety-nine cases out of a hundred the more correct impression will be taken with the plaster. If you do not believe it, just take two impressions like that and compare them. I do not say that the sharpest impression always makes the best fit. You may take a very fine impression sometimes, and you will find that it does not fit as good as at other times when you do not get such a good impression. I believe the modeling compound is a first-rate thing to take a lower impression with, because sometimes it is very difficult to make a good impression of the lower jaw; but I will not say that the best impression can be made with modeling compound.

It was moved and carried that Dr. Foster and Dr. Strickland be given the floor whenever they desire to speak.

Dr. Foster said: I certainly appreciate the honor you do me in calling me before this convention, and it is the first time that I have ever had the pleasure or privilege of attending a North Carolina State Dental Convention. You have a convention here that stands out as the most prominent in the history of our profession or of any in the United States, and I assure you that I appreciate coming before you, and having the pleasure of speaking on this subject. I did not have the pleasure of hearing the paper which was read, or of hearing all of the discussions, but I think we are all agreed that the gentlemen

are on the right side of the line. I do not know just how far the paper touched on the different phases of prosthetic dentistry, but I consider that prosthetic dentistry is today one of the most important phases in our profession, and one that we ought to consider well. As you say, there are too many dentists doing things too cheap; the prices which the average dentist receives do not justify the ideal dentist from a financial standpoint, but as a matter of fact is is within the power of the profession of dentistry to level the price, and we ought to do it.

Now, as to taking an impression. That is one of the many difficulties that we meet with that cannot be controlled. I have had some successes in that respect and I have had a good many failures. I have never been able to get a good impression with a modeling compound. I use the plaster almost entirely.

I thank you, gentlemen, for your attention, and I want to say that I do not believe I ever attended a Society that I have enjoyed as much as I have these papers read this morning by your state dentists, and it shows very clearly to my mind that the North Carolina dentists have the right of being progressive men along scientific lines, and I have stated before, and I say it now, because I strain my conscience if I don't, that you have one man in your state that I contend has done more to upbuild dentistry than any other man, South, North, East or West, and I refer with great pleasure to the most excellent work which Dr. C. L. Alexander, of Charlotte, has done. Your state deserves this credit as does your Society, of which he is a member. It is only in the last three years that I have seen the profession in the United States taking hold of this grand work which he has put forward for the last twelve years. The credit is due to North Carolina.

The subject was passed.

Paper read by Dr. J. S. Betts, of Greensboro, N. C., on the subject of Crown and Bridge Work.

BRIDGE SANITATION.

As an introduction to my subject, Bridge Sanitation, I can do

nothing better than quote from an article I have recently read on "Mouth Infection Due to Natural Teeth," from the pen of D. D. Smith, M. D., of Philadelphia, Pa. The importance of Mouth Sanitation is brought out strongly in this article, which appeared in the Philadelphia Medical Journal of March 28th, 1903. I quote as follows:

"There are in the human mouth today, as has been the condition through all the centuries, malignant factors of general infection and causes of disease wholly unperceived and neglected, and thus the oral cavity has ever been and still remains a prolific source of contagion.

"To perceive of the oral cavity as the 'vestibule of humal life' is a simile not inappropriate, for it is at this entrance that all systemic stores, commissary supplies, fuels, etc., for nutrition are received and tested on their way to the stomach, the chief chemical laboratory and distributing center of the general system. And not only this — it is here that the various foods, solids and liquids, incorporate with the oral secretions piped into the mouth from special glands, and the mass subjected to a process of maceration in preparation for deglutition. Engaged with these and other indispensable offices, the oral cavity is never wholly out of service, and literally, it may be said it is never really cleansed. It is here that solid particles from the breath, saliva, food remains, and other debris constantly deposit and accumulate. becoming cemented to the teeth, chiefly through inspissation of the viscid mucus perpetually oozing from many irregular glands concealed beneath the mucous membrane of the mouth. Greatly augmenting the infection from this cavity, the air commonly diverted through it — especially in mouth-breathers and in sleep — becomes a purveyor of toxic emanations to the lungs, where it inevitably deposits its contagion in lung tissue or in the blood. Necessarily the subject of such conditions — this vestibular cavity, with its twenty to thirty square inches of dentate surface — becomes quickly infested and infected with all manner of bacterial formations, decomposing food particles, stagnant, inspissated septic matter from saliva, mucus and sputum; not infrequently with pus-exudation from irritated and inflamed gum margins; gaseous emanations from decaying teeth and putrescent pulp tissue; salivary calculi (tartar), nicotine and the chemical toxins which result from decomposition due to mingling of mouth secretions, excretions and food-remains in a temperature constantly maintained at the normal 98° F. In this is presented a true picture of the innumerable sources of infection inseparably connected with untreated teeth. Incredible as it may appear, these conditions obtain, not in the lower classes alone, but in general mouth conditions in high and low-born, fastidious and boor, king and peasant."

The above picture of mouth infection drawn by Dr. Smith is so

graphic and clear, that nothing could be added to strengthen it. That the oral cavity is a fertile source of general infection will be admitted by all, and it is a matter of surprise that its proper disinfection, as a prophylactic measure, has not received more attention from the medical as well as from the dental profession.

It goes without question that bridge-work, properly constructed and carefully adjusted, fills a place in dentistry that, so far, nothing else has been able to fill. It is the most serviceable and comfortable of all artificial dentures. And the up-to-date, well-informed, skilled dentist of today offers crown and bridge-work where it is indicated, as "salvation from the purgatory of plate-wearing." His aim is to construct, adjust and place the bridge piece in such a manner that it shall give absolute satisfaction and perfect service. There are numerous causes and reasons why, in many cases, the bridge piece fails to give comfort and satisfaction. One of the most frequent causes is due to the failure on the part of the operator to construct bridge-work so that it can be easily kept clean. There are those who spout their fervid denunciations of bridge-work, and claim that, in time, it will become a source of annoyance to the maker and of annoyance and filth and disease to the wearer. This criticism comes, for the most part, from those who have had little experience with it, and claim that it is impractical, unreliable and filthy. I have no patience with this sort of criticism.

That the permanence and utility of a dental bridge piece will be greatly enhanced if scientifically and mechanically constructed is a proposition the truth of which can readily be verified by any dentist of skill and experience.

That many bridges are constructed which are lacking in both mechanical and scientific construction can scarcely be denied, since the every-day observation of many dentists gives abundant opportunity to testify. It can be said, however, that even the most artistically beautiful and mechanically correct bridges are sometimes adjusted to place in the mouths of persons who do not give attention to cleansing the bridge pieces in order to maintain the health of the gums and surrounding tissues, and thereby secure the highest degree of efficiency in the use of artificial substitutes.

We know that when a perfect piece of bridge-work is adjusted to place in the mouth of a highly bred and cultured woman of refined taste whose teeth reveal the utmost care and cleanliness, the bridge will be as carefully cleansed and kept as free from adhesions of greasy particles of food, decomposing matter, and stagnant toxins, as are the natural teeth.

Contrarily, we also know that an equally perfect piece of work adjusted in the mouth of a person lacking the refined taste of the

case above instanced, will not be so carefully maintained, all other conditions of health and use being equal.

It is not an unusual experience for a dentist to find the so-called self-cleansing slots covered with putrid and disgusting accumulations of food particles and other stagnant accumulations perpetually adherent to these parts.

Considering first, the mechanical construction of bridge-work, this should be so soldered at the point of attachment to the abutment crowns, that an easy sloping surface may be had free from pockets or crevices, and easily accessible to the distinctly pointed tufts of the better forms of modern tooth brushes. This is easily done without interfering with the strength or utility of the finished piece; secondly, it should be the endeavor to avoid crevices and uneven surfaces between the several dummies between the abutment teeth. Failure to overcome these faults of construction accounts largely for the instability of bridge pieces and for the persistent gingival inflammation noticed about the abutment teeth.

If the self-cleansing slots be not carefully cleansed by the employment of a preparation adapted to subdue any attendant inflammation and remove the deposits, succeeding adhesions will cling to the already infected tooth surface, increasing bacterial placques, and multiplying bacterial cultures in the mouth. Simple dentrifices and toilet washes which are little more than perfumed and highly flavored alcoholic preparations, are insufficient to meet the requirements herein indicated. I have tried many preparations, used them carefully and conscientiously, and find that Glyco-Thymoline, by reason of its bland non-irritating antiseptic qualities, is the only preparation I know of which combines, with cleansing properties, potentiality and penetrating power sufficient to overcome strong inspissations adherent to bridge pieces and to partially inaccessible gingival portions of the abutment teeth.

Extreme and unnatural sensitiveness of the gums, attended with purple colored congestions and tendency to bleed, has, in nearly every instance, been fully overcome; and by its use there has been quick return of the infected parts to their normal conditions.

The Kress & Owen Company has given us in Glyco-Thymoline an efficient alkaline mouth wash, which acts as a protection against the ravages of micro-organisms. It is a scientifically prepared solution, of the alkalinity of the blood serum, and of proper specific gravity, forming an agreeable, non-toxic alkaline alterative. It dissolves readily the mucus which forms part of the salivary secretion, and thus penetrates, under skillful application, every cavity about the teeth and mouth. It has a distinctly alterative effect upon mucous membrane, acting by exosmosis, thus not only reducing inflammatory

engorgements and establishing a normal condition, but also maintaining this condition by continued use.

The mucous membrane, under its action, becomes hardened and normal, and naturally offers greater resistance to disease; the daily application of the remedy as a mouth wash does much good, maintaining an alkaline, or normal condition.

Discussion was opened by Dr. Bland, who said: Dr. Betts' paper has shown careful and conscientious work, and he has certainly brought out a very important thing in this matter of sanitation. He goes into the mechanical part of it more fully than that of sanitation. You take bridges of all kinds that are put in the mouth, and unless they are constructed on the highest scientific principles, they will prove a source of annoyance. There is another thing that he brought out that I think is most excellent, and that was the use of a mouth wash. I am fully convinced, after investigating the matter to some extent, that a great deal of the trouble of improper sanitation is due to an acid. I believe that in nine cases out of ten the rapid decay of the teeth is due to this cause, and I believe that without doubt one of the best things we can do is to use or recommend a mouth wash, and it should be used every day. Dr. Betts' paper has covered the ground so fully that there is nothing more that I can say on this line. I think his paper is very excellent, and one that has brought out some points that the Society ought to consider very carefully.

Dr. James said: I would like to ask Dr. Bland if he has ever used formalin as a mouth wash.

Dr. Bland: Yes, sir; I have used it a great deal, and I want to say that I like it very much. I have had a great deal of experience with it, and I think it equally as good as any.

Dr. Griffith said: I have used Glyco-Thymoline for a good while, and I find it to be more efficacious if you heat it. You will see a great difference in the action if you heat it before using it.

Dr. Foster said: I am glad to hear you say something of Wampole's Antiseptic Solution. I am here to say that the

greatest antiseptic known to us is that preparation of formalin. It has the greatest hardening powers that we have today, but it is an acid — it is strongly acid. It is not always necessary to use an antiseptic mouth wash. The most of the sore mouths that we will have to deal with will be caused from some catarrhal disease. There is no question about that. Now, formalin is a very acid substance, and you cannot use it very strong. It is one of the best preparations we have, but as a persistent mouth wash I would not use it because it is strongly acid.

Dr. Betts said: I thank you, gentlemen, for discussing my paper to such an extent, and I wish to say, in addition to what I have said in my paper, that by the use of Glyco-Thymoline I have gotten results that I have not been able to get by the use of any other mouth wash. Not only as a cleanser of bridges and bridge-pieces, but in pyorrhea and diseased conditions of the gums, it is especially good; and also in those cases where an acid solution is highly objectionable. So far as the construction of bridges is concerned, we always try to construct a bridge so that it will be easily kept clean, but I don't think the brother is right in saying that wherever there is inflammation near the abutments it is due to the impingement of some part of the bridge upon the soft tissues. I think it is sometimes due to the accumulation of food and filth, and we ought to impress this fact upon our patients.

The discussion was closed.

The following applications for membership were read, and at a subsequent meeting were elected: Ernest C. Vitou, H. C. Henderson, W. M. Robey.

Dr. A. E. Frazier, of High Point, and Dr. W. T. Herndon, of Laurinburg, having paid their back dues for two years, were admitted into membership.

The Society then adjourned.

SECOND DAY. — Night Session.

The Society was called to order by the President at 8:30 o'clock.

President Benton said: The appointed time has come when we should do honor to our immortal dead, and before the opening of these exercises I believe we should thank Almighty God for the lives which our three departed members have lived, and ask his benediction on them and on us for all time to come.

The Society was led in prayer by Dr. Harper.

A paper was read by Dr. R. H. Jones on

LIFE AND CHARACTER OF DR. J. W. HUNTER.

Mr. President and Gentlemen of the North Carolina Dental Society:

Since our last annual meeting death has sent its messenger and called the spirit of our honored and esteemed member, Dr. J. W. Hunter, to be with its Maker, and we meet to honor his memory, as well as that of other departed friends tonight.

Dr. J. W. Hunter was a native of Forsyth County, having been born some miles west of this city on the 28th of August, 1826. From early youth he showed an aptness for acquiring knowledge, and by industry and application obtained sufficient means to attend Trinity College. This was but the stepping-stone to the higher attainments of a professional education, the goal of his ambition being a thorough education in dentistry. So after his removal to Salem in 1851, he first served an apprenticeship with Dr. Samuel Martin, with whom he subsequently formed a partnership, afterwards graduating from the Pennsylvania College of Dental Surgery in 1856. It is unnecessary for me, Mr. President and fellow members, to state that he attained an enviable position in his chosen profession, as some of you can testify from personal observation that his work was unexcelled. Indeed many of his fillings were so skillfully inserted that after a service of thirty-five and some of forty years they still remain as silent testimonials of the excellence of his workmanship.

He was one of the pioneers of dentistry in North Carolina and one of the original charter members of our State Dental Society. Always filled with enthusiasm and love for everything that tended to the improvement of our profession, he was one of the active members in your body, and even when old age would have rendered many unfit for service he was an honored and useful member of the Dental Examining Board until a few years prior to his death.

Dr. Hunter was twice President of this Society and for some years its Treasurer. In every position to which he was called he was the same quiet but faithful and efficient officer. As a student of his for two years before my graduation and later as partner for five years, it was my privilege to know the Doctor more intimately, perhaps, than any of you, and you will, I know, pardon my speaking so feelingly in his praise. I never knew him to deviate from the path of right in his practice, either as regards his patients or as respects the ethics of our profession. His ambition seemed to be the noble one of making each operation better than the preceding one. It was an inspiration to study and work with such an operator. His success under the unusual difficulties of obtaining an education at that time, his high attainments, and above all, his upright life and Christian character, should inspire us with the desire to emulate his example.

A paper was read by Dr. G. B. Patterson on

SKETCH OF DR. T. M. HUNTER.

The subject of this sketch, Dr. Thomas May Hunter, was born near Enfield, this state, October 16th, 1858, and died in Fayetteville, N. C., November, 5th, 1902.

His father, Dr. E. L. Hunter, well known to this Society, is still living and practicing his profession. From him the son received much of his valuable training, having entered the father's office as a boy. Here young Hunter laid the foundation for his future success, and with the finest preparation, matriculated in the Baltimore Dental College in 1879, graduating from that institution in 1880.

Moving to Fayetteville the same year, he began the practice of his profession with ever-growing success.

On October 14th, 1885, he was most happily married to Miss Emma Ledbetter, a cultured and refined lady of his adopted town, who, with two bright boys, still survives him.

In 1888 Dr. Hunter was honored by being elected President of the State Dental Society, and for four years was on the State Dental Examining Board.

Eight years he was a director of the Bank of Fayetteville, and for fourteen years an honored member of the Knights of Pythias.

In his profession he was a man of fine ability and possessed remarkable skill as an operator. His work will abide as a monument to his memory many years hence. His brethren in the profession might well take his fillings as models.

Dr. Hunter was destined for marked success from every standpoint. His friends were numerous, both socially and professionally. He stood ever ready to help a professional brother from his store

of knowledge. He was devoted to his profession for its own sake, and kept his interest in it at high tension till his death.

The writer deeply regrets that owing to his own sickness he was unable to pay a last tribute to a deceased brother.

He left his family well provided for as to material things, and gave them assurance of his readiness to cross to the other side. He died a member of the Presbyterian Church.

A paper was read by Dr. H. D. Harper, Sr., on

THE LIFE AND CHARACTER OF DR. J. W. HATCHER.

Dr. J. W. Hatcher was born April 6, 1873, in Johnston County, North Carolina. His father and mother, Hardy and Mary Hatcher, lived on their farm, where the lessons of industry, prudence and self-reliance were impressed upon their son, which lessons helped him in every impulse to rise to a life of usefulness and honor. He was educated at Caldwell Institute, in Orange County, North Carolina.

In October, 1897, he entered Atlanta Dental College, from which institution he was graduated April 26, 1900. He was elected a member of this Society June 27th, 1902, and was ever a consistent and faithful member. He located at Selma, N. C., where for two and one-half years he successfully practiced his chosen profession.

When hope was brightest, when life seemed longest, when earthly ties seemed strongest, Typhoid Fever laid her treacherous, subtle fingers on him, and on December 1st, 1902, he fell asleep. All that is mortal must die.

Dr. Turner said: I do not feel capable of saying anything that might interest these brethren in regard to Dr. J. W. Hunter. I only know that away back, thirty years ago, Dr. J. W. Hunter was known all over the state as a conspicuous and a very fine practitioner in dental surgery, and a pioneer in the practice of dentistry and a progressive profession. His fame spread all over the country through the reputation which he had won in attendance upon the students at the Salem Female Seminary, and all over the South and possibly the North Dr. Hunter was known as a distinguished member of our profession. I was associated with him in the early history of this Society. He was a charter member, as has been stated, and was always enthusiastic and thoroughly capable under all circumstances, always standing for the best and the highest

interest of the profession. He was always modest and greatly reserved; he was always friendly to the young practitioner, as was evinced by his conduct as a member of the State Board of Dental Examiners, of which body he was a member for many years. He was always kind and indulgent and encouraging in all his conduct towards the young men of the profession as they entered year by year through his agency as an examiner. As I said before, Dr. Hunter was a very modest, quiet man. He never resorted to anything like notoriety, but whenever an opinion, a real solid opinion was required upon any subject under discussion, he could always state that in a very brief manner, requiring but few words, yet showing great depth of thought. As a member of the State Board of Dental Examiners he was beloved by all the members of the Board, and by many of the applicants who were undergoing an ordeal which they remember years and years afterward. As I said before, he was intensely interested in the progress of dental science, and there wasn't a move, there wasn't an idea that illustrated an advanced thought that he didn't take readily to; and as a dentist, I regard him today as having left a memory that is as much honored if not more so than any dentist who ever prectised in the state.

As to Dr. T. M. Hunter, I knew him as a boy, before he studied this profession. He was a bright and hopeful boy, the pride of his father, and when he entered the dental profession he paid me a visit, and I was delighted with his enthusiasm; although young and just beginning, he seemed to grasp the many duties, the many interests which the future held out to him. He made the most phenomenal progress and advancement in his profession, indeed, I know of no young man who has gone forward more rapidly than Dr. T. M. Hunter. I felt a peculiar interest in his case because his father had always been a life-long friend of mine, and his father gloried in that boy as much as ever a father gloried in a son, and no father ever had a finer son than E. L. Hunter had in his son Tom.

Dr. Patterson said: Dr. Turner has voiced my sentiments so clearly that I do not feel that there is much more for me to

say, but I feel such a debt of gratitude to that brother, Dr. J. W. Hunter, that I must say this word.

When I came from college I was obliged to go before him for examination. I could not help but think, as our brother was talking, how I came up to this town and went with fear and trembling to his office for an examination. There I found him waiting for me. He met me kindly at the door, carried me into his office, and then I thought he would just end it all with me. I could scarcely draw breath, I was so frightened. He seated me, and he treated me so kindly that I forgot myself. I felt like I might have been in the hands of my best friend; my father never gave me better advice. He examined me in such a way that when he was through with me, I said to him, "Why, Doctor, aren't you going to examine me?" "Why," he says, "I have examined you. I am satisfied that you will get your license." "Why," I said, "I expected you were just going to rake me over the coals." But he said, "I am through with you," and you don't know how thankful I was, and I have always felt that he was a father to me, for he did me a great favor that I can never forget, and he did it so kindly, so gently that I wish I had language to express my feelings for him tonight.

Dr. Griffith:

"To the past go more dear faces,
Every year,
And the loved leave vacant places,
Every year."

To those of us whose faces are turning toward the sunset of life the passing of friends means much, and it is sad to realize how many have heard the "one clear call," and have crossed the bar.

One by one they go! In the soft stillness of the night we recall their names and faces, and we cry unavailingly for the old friends and the old faces to be recalled once more to light and life! It cannot be! Their places in the crowds about us are filled by new friends, new faces, but

"The truest friends are the auldest friends,
The young — are just on trial."

I come today to do honor, in a feeble way, to one whom I was happy in calling friend. It was my good fortune to know Dr. Hunter long and well.

Memory carries me back to the year — about 1861 — when my boyish, inexperienced eyes looked with wondering awe upon the first specimen of dental work I ever beheld. It was fashioned by Dr. Hunter in his palmy days, and consisted of a partial upper set of teeth on a gold base. Although but nine years of age, a mechanical turn of mind caused me to wonder how the patient could endure the pain of having molten gold placed in the mouth for the purpose of adapting the metal to the gum surface it was intended to fit.

It was by the advice of Dr. Hunter and one other dear friend and professional brother — long a resident of this city, who was called to his reward about two years ago — that I selected a certain dental institution to pursue the course in Dentistry; also a location for my life's work, now my home, sweet home! In this light he was my benefactor.

Dr. Hunter was a well-equipped, successful dentist — ever faithful in his relations to this Society, of which he was a charter member, and we who knew him best will miss him most.

Dr. Watkins:

I cannot let this occasion go by without attesting, for one minute, at the expense of the time of the Society, the appreciation in which I held Dr. J. W. Hunter and the love that I cherished for him.

It was my privilege and my honor to call Dr. Hunter my friend, and to know him with a great deal of intimacy, springing up during my early childhood and growing until his death.

In Winston-Salem especially, we should be told in eloquent terms how much he has done to raise the standard of dentistry throughout the state. And it is surely worth while, then, not only out of respect for his honored memory, but for our own sakes, that we should spend an hour here — so near to his home and to his grave — in reminding ourselves and telling to all whom our voices can reach, what a man he was, and what a work he performed.

There is nothing more honorable than to be a truly great dentist, a man of strong sense, superior skill, ready sympathy and earnest piety. All *this* Dr. Hunter was in a high degree. His temper was admirable, calm, well-balanced, serene. He was brave, tender and, above all things, honest — honest, not only in his actions, but in his thoughts. He had his high ideal of the good and lived up to it without deviation.

During his long and tedious illness no complaint, no murmur

escaped his calm and cheerful lips. He was brave and hopeful to the last.

He was a great student of the Bible, and few were more conversant with the Scriptures than he. He obeyed its precepts and seized upon its promises, and it was in this faith that he passed from time to eternity.

Dr. Harper said: These three brethren, who during this year have passed over the river, represent to us the three stages in life's activities. Dr. Hatcher was comparatively young, a boy in the profession, having had only two and a half years' practice. As a result he had not established that friendship, that reputation, or had he bound himself by ties to us as he doubtless would have done could he have lived for years and been associated with us, but so far as my knowledge of him extends, the life that he lived was one that we may be proud of, one that honored the profession that he had chosen, one that showed true manhood and one that was qualified to lift up humanity. But it was a short life; he passed away, as a flower that is only budding, and is nipped.

Dr. T. M. Hunter had just climbed steadily upward until he was standing in the midst of life's hopeful promise, when he could look around him and see the many noble deeds, the many noble acts, which he had done, and he could also perceive much love, much friendship and much interest manifested by his brethren in the profession, yet farther onward and upward was he pointing to the days and years that were to come, when just in the midst of the useful life that he was living, just between the two extremes when promise and hope were brightest, he was cut down.

I did not know much of Dr. Hatcher. I did know much of Dr. T. M. Hunter. It sometimes happens, my friends, that silence is golden, it sometimes happens that we can speak more forcefully by sealing our lips, and it sometimes happens that we seal our lips because we cannot express the thoughts —the depths of our feelings of sorrow. That was the case when I learned of the death of Dr. T. M. Hunter. I loved him because of his manhood, because of his kindness, because of

his readiness to help, because of his usefulness to his profession, because he was a noble specimen of our profession. Wherever he went his power was felt. He was one of those strong men that help to elevate the standard, but when I heard of his death and thought of the great grief of his poor old father, my first thought was to wire him my feelings; my second thought was, I cannot do it justice; my next thought was, I will write to him, and the more I meditated over it and thought how I would express myself to that father who was feeling the weight of the years, the heavier the burden became, and I decided that silence was golden, and hence I said nothing, not one word. I thought how that grand old patriarch, his father, had passed along through those years and reared that boy up, up, up, until he had been honored by the highest honor that we could give him in North Carolina, and his fame went forth even beyond our bounds. The father doubtless had learned to lean upon Tom — and oh, the tenderness with which he called that name, and sometimes it was May — and those who were intimately connected with him could feel when Tom had passed away some of the feelings of that aged father who had learned to rely upon and lean upon and trust Tom, expecting that when life's weary journey had been finished, his son would lay him to sleep with his fathers and all would move smoothly along. But alas! the son was taken first, and no man, until he has a son in the profession, no man until he has been placed where similar feelings can cast around him — similar dependencies and similar trusts and similar bereavements, can ever know what that poor father went through; but T. M. Hunter has left a record of skill and ability and integrity that any of us would be proud of; and when we come to Dr. J. W. Hunter, who has gone home as a ripe sheaf, full of glory and victory, that is the noblest and best.

And now in one short year three of us have fallen asleep, three of us have passed away, and this sad memorial moment with these sad memories and reflections should cause us not only to look into the past, but occasionally to cast our eyes to

the future, and realize that it may not be many years before you, brethren, or we, brethren, will be holding similar memorial services over us, over you, for it is appointed unto men once to die, and after this the judgment. Let us then by the scenes of these memorials be impressed that there is a hereafter to which we are all hastening, to which we are all tending.

Dr. Betts said: One of the greatest infirmities that I am conscious of, it seems to me, is my inability to express the deep emotions that I feel on an occasion of this kind. I wish that I could express some of the feelings of sentiment that I have in my heart now when we are considering the life and character — I started to say of *my* friend, but I will be more generous than that because he was more than that, he was *our* friend, Dr. Tom Hunter, of Fayetteville. I was very glad to hear Dr. Harper speak so lovingly of Dr. Hunter. I know that he loved him for I have heard Dr. Hunter speak many a time of him, but I can testify to even more than what Dr. Harper has said in regard to the love, the tender devotion that existed between Dr. Tom Hunter and Dr. E. L. Hunter, his father. He called him Tom sometimes, he called him May sometimes, and he called him Jack sometimes, and it was really beautiful and refreshing to go into their office when they were not busy and hear them talk to each other. I have very kind and pleasant memories of their friendship for me. When I saw him in Raleigh, at our last meeting, I felt that it would be the last time I would ever see him at a meeting. He grasped me by the hand — he was never very demonstrative, you know; and I think it was his custom when he specially liked any one to call him "old man" and said to me, "Betts, old man, why don't you come down to see us sometime? I always did love to have you come, but you never come down any more." I can see his face and hear his voice, and I feel today that I am poorer in my friendship because of the fact that he is not here, and I know that this Society is poorer from the fact that he is gone; and those of us who are left here will have to strive harder to uphold the dignity and standard of our profession.

North Carolina will miss him as well as our Society. I count it a privilege to offer this little tribute to his memory.

Dr. Bland said: It has not been my purpose tonight to say anything in regard to the departure of this triad of our profession, but when I thought of all the attributes and the great achievements of their lives, I felt compelled to get up and express my feelings in a feeble way. I will never forget that it was in this very place some years ago that I appeared for examination before Dr. J. W. Hunter. I was very badly frightened, and I shall never forget that his kindness and his words of sympathy did more to give me courage and strength to pass through that ordeal with some little credit to myself than anything else that I know of that ever happened in my college career.

I shall always have the tenderest and kindest feelings towards him, because there is nothing in this world that brings people nearer together than the touch of sympathy and encouragement when we most need it. I shall always revere his memory with feelings of love and gratitude for what he did for me.

Dr. T. M. Hunter, of Fayetteville, I was associated with when in the Board of Dental Examiners, being elected at the same time that he was, and I shall always feel glad for that association, for his words were always cheerful, encouraging and helpful. He always helped me to feel better at each meeting and gave me courage to go back to my work and to continue it with a determination to make something of myself.

I was not acquainted with Dr. Hatcher, at least not well acquainted with him. I knew him, and it is such a sad thing to see one so young, so well known in the community and so much beloved, taken away in the flower of his youth. These men, their lives and their examples stand forth and give me courage to look into the future, and I hope that I may rise on stepping stones as it were out of my dead self to higher things.

Dr. Wheeler said: I regret that I did not have the privilege of knowing Dr. Hatcher and Dr. T. M. Hunter. I did know Dr. T. M. Hunter through the monument which he has

built to himself as a dentist, but I want to say one word of tribute to the memory of Dr. J. W. Hunter. Like Dr. Patterson and Dr. Bland, and possibly others, I had to do what I now esteem a privilege: I had to pass an examination before him in his office. I came with fear and trembling, and now I can see the old man as he met me at the door and did everything in his power to take away that feeling of fear that he knew possessed me. I can see him now as he tried to make me feel that I was conferring an obligation on him, not he on me, and when I was at the chair working for my license, he sat quietly reading a newspaper, only coming when I called him or asked him a question. I met him under circumstances that were possibly trying to his soul, and yet he gave me instruction to live a noble life, and as a man, as a dentist, I thank the Almighty that he brought me to know Dr. J. W. Hunter in the capacity that I did. I thank him for the warm-hearted assurance that he gave me, for the intense interest he took in my welfare, and I can feel tonight that if I ever amount to anything as a dentist and as a man I owe a great deal to the inspiration of Dr. J. W. Hunter.

Dr. Everitt said: I had not intended making any remarks tonight, sir, but I want to say that I knew Dr. Hatcher perhaps as well as any one, with one or two exceptions, in this Dental Association. He was a young man, not well known, because of his extreme timidity. He would not push himself forward at any time, but held himself aloof for fear that some one might say that he was trying to get forward too rapidly. He was a man of splendid attainments, he was a man of pure, noble character, a character that, had he lived, would have been a credit to the profession that he had chosen. He was a man of the most lovable character, a Christian gentleman, a man who loved to stay at home and look after the interests of those who had placed themselves in his care.

Dr. Tom Hunter was a man, sir. I had known him since he had entered manhood, a young man that I admired and loved very much. His relations to mine were very deep and tender. He was a man who had studied very hard — was

exceedingly ambitious at all times. He believed, as Dr. J. W. Hunter did, in doing thoroughly everything that he attempted to do and leaving nothing undone that he could do to make his work even more efficient in every respect. In that way he had made a reputation for himself, like Dr. J. W. Hunter, that will live years and years after both have passed over the river.

I think that these three gentlemen's lives have been such that they are something for every young man, middle aged man and older man in the profession to endeavor to emulate as far as possible. They cannot aspire to do better work than those gentlemen did, they cannot live a more honored life than theirs, and I think they have left a mark for the young men to aspire to; if they will do that they will be a credit to their profession as these gentlemen were.

Dr. Tucker said: I wish to add my tribute to these our departed friends. There is this sentiment somewhere:

"A King once said of a Prince struck down,
Taller he seems in death, and this speech hold true
of now as then,
That it is after death that we measure men.
They seem taller and greater in all their parts
Till they fill our minds as they fill our hearts."

We hope that these lives will be an inspiration to all of us, to live as they did, noble in deed, noble in act, noble in life, noble in death, and when the end comes, we hope that we shall, like them, wrap the drapery of our couch about us and lie down to pleasant dreams, and somewhere, somehow, drift to a brighter clime, and bid them "good-morning."

Dr. L. G. Reid said: I want to speak a word in behalf of Dr. Hatcher. I knew him in his college career, he becoming a junior when I graduated. Dr. Hatcher was a young man who I am proud to say was my friend. He was a man that you could depend upon. He was a man that never shirked a duty. He was always at his place, always ready for the work, and was never satisfied with small things in life, but was always looking for something higher and better. Last year I

met him in Raleigh, and it was always a pleasure to meet this young man for he would always meet you with a hearty handshake and a smile. When I heard of his death it was with deep regret, and when I came to Winston it seemed to me that there was something wrong in the Association, there was a face that was not present — the face of Dr. Hatcher — and that fact has caused sadness in connection with my stay here.

Dr. Hilliard said: I knew Dr. May Hunter from his childhood, and loved him always, and now that he sleeps 'neath the cypress and the ivy, I wish to add a laurel to the many that o'er-shade his grave.

Adjournment.

THIRD DAY. — Morning Session.

The meeting was called to order at 9 o'clock.

The following paper on the subject of Oral Surgery was read by Dr. L. G. Reid, of Lenoir, N. C.:

DISEASES OF THE ANTRUM.

Mr. President and Gentlemen of the North Carolina State Dental Society:

When asked to write on the subject, Diseases of the Antrum, I accepted the subject, hoping I would be able to give some new cases from my practice, but I am glad to say that the maxilliary sinuses of my patients seem to stay in a healthy condition. In discussing this, one of the most important diseases that we are called upon to treat, I do not feel competent when I look around me and see the number of men that have had more experience and are better qualified to write on this subject.

First, What is the antrum? Our text-books tell us that the antrum, or maxilliary sinus, is an irregular cavity situated in the body of the superior maxilliary bones on either side of the nose beneath the orbit of the eye, having for its outlet the middle meatus. We are not able to say what the true function of the antrum is. Some claim that it is to warm the air as it passes into the lungs, others that it gives resonance to the voice. We can take these for what they are worth. When we would make a structure both strong and light, we make the supports hollow because of their superior strength and to break the force of vibration and concussion. If this be true, then why not the same apply to the bones of the human body?

But we would speak of the diseases of the antrum, some of which are the most formidable diseases the dental surgeon or physician is ever called upon to treat and which ceases only with death. Most of the diseases of the antrum are not of a dangerous character and are easily cured, but even these if neglected or improperly treated may assume a form so aggravated as to bid defiance to the skill of the best surgeon. The causes of the diseases of the antrum are lesions of the pituitary membrane and diseased teeth. The symptoms of inflammation of the antrum are sharp lancinating pains in the region of the antrum, redness and slight swelling of the cheek, headache and fever accompanied with a copious flow of mucus through the nose.

Treatment: Remove diseased roots and teeth, and should the affection result from cold or catarrh, you should treat these.

Symptoms of engorgement of the antrum: Dull, constant pain in the the region of the antrum, slight swelling, slight fever and discharge of purulent matter through nose, particularly in early morning.

Treatment: Remove one of the teeth on the affected side, usually the first or second molar, going through the palatine alveolus, but if the canine or bicuspid teeth are diseased and the molar sound, I would remove them and go through the alveolus. Be sure to make the opening large enough for proper drainage, then examine the antrum for foreign bodies and break down any septi or bone that may be found on the floor of the antrum, wash out well with warm salt water, then use either the following or such as seem indicated by the character of the discharge: Port wine, undiluted; listerine; boric acid; chloride of zinc, ten grains to the ounce of water; carbolic acid, one dram, iodine, one ounce, with eight ounces of water. Keep the opening closed with an antiseptic dressing until it heals. The old method was to use drainage tube but this has proved of more harm than benefit. Tumors of the antrum of a sarcomatous character usually prove fatal. We should give more attention to these diseases than we do.

I have no doubt that numbers of our patients who think they are suffering from catarrh of the head are really suffering from engorgement of the antrum and could be relieved from pain in a very short time if we would but do our duty. One of the best methods of diagnosing the diseases of the antrum is by the use of an electric mouth mirror. I hope to hear from the older and more experienced members on the subject. I suppose you all remember the case I gave last year, showing that the antrum could be entered through the alveolus of the canine. Hoping to hear some new things brought out by discussion, I leave the subject with you.

Dr. Jones said: Dr. Tucker was to be here in connection with this discussion, but he has not yet arrived. I have an

interesting case that I wanted to show the dentists. It is a case of necrosis in the lower jaw. Of course you have seen many cases before, but I think it would be interesting under this discussion to see a real case, and I think the boy will be here after a little while. He promised me he would come. I do not think I ever saw a worse case anywhere than this was. When he came to me he had been troubled for five or six months with what he called a sore mouth. He fell into the hands of a pretty good physician, who told him at once that a dentist ought to take hold of his case. The physician who first treated him had simply given him a mouth wash and turned him loose. He lived out in the country, and of course that mouth wash was just like pouring water into the crater of a volcano.

The disease seems to have originated in a diseased molar, and if you will notice you will find that a diseased molar is frequently designated as a starting point in necrosis in a child's mouth. He was in a most terrible condition when he came to me. I have seen other cases, but had never seen anything compared to that child's mouth. I treated him four or five months by using all of the known remedies, and I found out that the best remedy was sulphuric acid. I used it pretty strong, too. By and by I was able to take out all the teeth and the whole of the bone except a very small part, as you will see when the boy comes in. I left only enough to lodge a set of lower teeth if he should ever want them. One of the physicians gave him chloroform, and I performed the operation. After that was done I found that there was still a small part of the bone necrosed; I removed that and now his mouth seems to be perfectly healed. There is one remedy that Dr. Reid did not mention that I have used in this case and that possibly did some good, and that is Glyco-Thermoline. I think it is one of the best remedies that can be used in diseases of the antrum.

Dr. Brookes said: I had not prepared to say anything on this subject, but for the past three years I have been called upon to treat two real cases of antrum diseases, and I wish I

had prepared something to read to you today as I am not accustomed to speaking in public. The first case I treated for six months without any success. I used a great many remedies, but they were all of no avail, and finally I used what Dr. Jones has spoken of, sulphuric acid. I am glad to say that gave relief. The second case was a girl of sixteen years. She had been suffering for about two years with a pain in the side of her face. I treated that case about five weeks, washing it out well with warm water and immediately using about a 20 per cent. solution of aromatic sulphuric acid, and in about five weeks it healed up nicely and has given her no trouble since. I think that the use of the sulphuric acid was all that did any good whatever.

Dr. Betts said: I would like to say that I enjoyed that paper very much, and I am glad to see that Dr. Reid has gone into the details of the treatment so fully. I would like also to endorse the use of sulphuric acid. I have noticed that it it not only a very valuable agent in forming the line of demarkation, but it will aid in taking out all diseased tissue. Then I was also glad to learn that Gloyco-Thermoline had been used with very gratifying results. I am not an enthusiast upon anything in dentistry, but I must say that I have used this remedy with most satisfactory results. I happen to know that Dr. Wyche has had one or two cases of antrum trouble to come under his treatment, and I think we would all like to hear something of his experience in this connection.

Dr. Wyche said: I do not know that I have anything special to add to what has already been said, but I will tell you a little about these two cases. One was a case that was evidently the result of the grippe, because the teeth were all in good condition on that side of the mouth. The patient had been suffering for two months with a terrible pain in her face on that side, and she thought it was catarrh. Her physician had been treating her for neuralgia, but she had not gotten any relief, and so I anticipated antrum trouble right away. I called a physican in and told him what I thought about it, and we concluded to take away the six-year molar and treat the

trouble through that socket. I did so, and had no difficulty in getting into the antrum, and when I washed it out with warm salt water there was a very copious and offensive discharge through the nose on that side. I treated that case four or five times, and the lady now says that it is all right and that it gives her no more trouble. She looked pale and emaciated when she came to me, and said she had suffered terribly for two months with that pain in her cheek. After frequently washing it out with warm salt water, I used Glyco-Thymoline solution and then followed that with a weak solution of peroxide of hydrogen.

The other case was probably brought on by an abscess in a tooth. The roots were not all taken out, and the patient came to me to have the roots extracted. I did not anticipate any antrum trouble in that case whatever. I took out the roots with a screw, and when I took one out I found an unusually long abscess hanging on the end of it. While I was examining the socket to see if there was any further trouble, to see if there was any disease of the bone, I thought that I saw an air bubble come down through that socket. I made further examination and found that my instrument could penetrate into that socket for about an inch and a half without any difficulty. Then I began to question the patient about any pain in that side of the face, and he said that he had had catarrh for seven or eight years. I told him that the difficulty was that he had antrum trouble badly. Well, I used the same treatment in his case that I did in the other—first washing it out with warm salt water and then using Glyco-Thymoline, always using the solution warm, and I think his case is about well now.

Dr. Jones said: I am glad that Dr. Betts spoke of the danger of using too much sulphuric acid, or using it too long, but I do not think that this is as dangerous as it is painful to the patient. There is one characteristic of sulphuric acid that seems a little strange, but it is true, and that is that it seems to affect a dead tissue more than it does a live one. It is used sometimes in discovering openings in diseased teeth, and it

seems to destroy or to do away with all dead tissue. Another point that I failed to mention in regard to this case of necrosis is that the boy insists that the disease was brought on by the use of hypodermic injections of cocaine. I am rather inclined to believe that he is mistaken about that, but he persists in saying that it resulted from that. I tried to learn something of the origin of the disease, but I was not able to do very much in that direction.

Dr. Bland said: I would like to endorse what Dr. Jones and Dr. Betts said in regard to sulphuric acid. I have used it several times. One case I had was a young Canadian who had necrosis of the maxilla — I believe it was on the left side, if I remember rightly — and he was in a very bad condition. His whole face was swollen so badly that his eyes were closed, and I thought it would be necessary to perform an operation on him; but I began the treatment by the use of aromatic sulphuric acid, and the disease yielded very readily to this treatment and was cured without any further trouble. There is absolutely no disfiguration, and the acid seemed to dissolve the diseased tissues.

Dr. Everitt said: There are several gentlemen present who saw the case that I reported on necrosis last June. After the convention adjourned that patient was in my office, and to my surprise I discovered that antrum trouble existed. Dr. Fleming removed a couple of teeth, I think they were a six-year molar and a second bicuspid, and apparently the antrum had been penetrated by the roots of both the teeth. In that case I simply enlarged the opening to the antrum, and there is where I want to give my experience. As a general rule we make a mistake in not making the opening large enough. If we do not have the opening large enough, in order to keep it thoroughly cleansed, we are going to have trouble. In this case I just simply washed out the antrum with warm water and then used a solution of salycilic acid. I then placed in a tube and packed it with iodoform gauze. I renewed this whenever necessary, and at the end of two weeks, after having syringed it out regularly, there was absolutely no accumula-

tion of mucous and no other trouble whatever. It has healed up beautifully.

Dr. Jones said: I would like to ask a question in regard to this boy who is here with us. Do you think he ought to have a set of teeth?

Dr. Everitt: I think that I should give him some. Of course his mouth will change, but I think he has undoubtedly earned some, and I should certainly try it.

Dr. James said: What complaint does a patient make, as a rule, who has antrum trouble?

Dr. Jones said: They usually complain of neuralgia.

Dr. James said: Do you think that case of necrosis will end now or will it go further?

Dr. Jones said: I think it is ended.

Dr. James said: I had a patient of this kind, and the treatment ended in death.

Dr. Jones said: I am glad to say that mine is alive and can speak for himself.

Dr. Parker said: I had a case last summer of a gentleman who had taken cold. He came to me and said that he had several fillings to be put in. I examined his teeth, packed those cavities and told him to come back to me after a certain length of time. When he came back I filled those cavities, and he told me that he had been attacked with violent spells of neuralgia, and asked me if his teeth had anything to do with that. He complained of trouble in the right molar. I examined it, but I told him I could find no trouble, that it must be some antrum trouble, but I thought that it would disappear. I gave him a mouth wash and sent him away. Still he could get no relief and he came back. I drilled into that molar and found the nerve to be alive. I killed that nerve but still he got no relief. I then extracted it, and found that the roots went clear up and penetrated the antrum. I found nothing in the cavity but mucous, no pus; I washed it out with warm water, and then used a mild solution of chloride of zinc, and now it has healed up and he has no more trouble.

Dr. Reid said: I want to ask Dr. Jones what per cent. solution of sulphuric acid he uses?

Dr. Jones: I make about a 25 per cent. solution of sulphuric acid.

The subject was then passed.

A paper was read by Dr. Robt. S. Booth on the subject of Pathology and Therapeutics of Putrescent Pulps.

Gentlemen of the North Carolina Dental Association:

I shall endeavor to interest you for a short time this morning on a subject which to us as dentists is an important one, in fact one of vital importance. It was my pleasure, at the last annual meeting of this honorable body in our capital city, to present a short paper on the subject of Orthordontia, and I thought then if I had had some other subject I could have treated it better, and strange to say, I think the same about this one. But before I enter into this subject, I wish to state that all of you who expect to hear anything new will prepare yourselves to be disappointed.

The main object of this paper is to bring about a thorough discussion of the subject, and if my paper succeeds in doing so, I will feel fully repaid for the short time spent in its preparation.

My subject, gentlemen, is "Pathology and Therapeutics of Putrescent Pulps." Now, to consider this subjest in a scientific and systematic way, we must first of all know what constitutes a state of putrescence and what changes in the parts involved bring about this condition, and what treatment is necessary to destroy the elements that bring about a state of putrescence.

Now, to start at the root of the matter, the best and most complete definition of this condition we find in Dungleson's Medical Dictionary, viz: "Putrefaction is the decomposition experienced by animal substances when deprived of life and placed under special circumstances. Such change is now, in the light of modern research, considered as resulting from the action of saprophytic micro-organisms. Presence of matter is indispensable; the temperature most favorable to it is from sixty to ninety degrees F. The most common products of putrefaction are water, carbonic acid, acetic acid, ammonia, carburetted hydrogen, and a semi-putrid substance which is volatilized and has an infected odor. State of being putrid."

Now, gentlemen, it is a well known fact that when nitrogenous substances have been deprived of their blood supply, their vitality is gone forever, and they are changed to a state of gangrene. They are then invaded with micro-organisms, and the process causes the formation of numerous gases and a very foul odor. The principal gas found

in a putrescent pulp canal is hydrogen sulphide, and to this gas we may attribute most of the foul odor we so often have to contend with.

One author denies this fact, but the burden of proof rests with him. He says he has experimented extensively with nitrogenous substances, such as egg albumen, and has not been able to produce any such odor. So nature has the best of him. We are not at all surprised at the gentleman's failure, and would say he might experiment from now "till doomsday" and never will succeed in producing such an odor as sometimes emanates from a pulp chamber containing a putrescent pulp. As we have before stated, there are other gases formed by this process, such as ammonia, but this gas has little to do with the foul odor, and to prove that hydrogen sulphide has, we will say that sulphur is found in the human system to a marked degree, and as the pulps of our teeth are a part of our system, they undoubtedly contain this same element. This being the case, we feel warranted in saying that the greater part of the odor encountered in these cases comes from the evolution of hydrogen sulphide present in the putrefying pulp. We think this at least a reasonable supposition, and shall stick to it anyway and await further proof to the contrary. It has also been ascertained that in this putrefactive process are found oxides of nitrogen and even *free* nitrogen, and most important of all, carbonic acid gas; how much these gases have to do with this odor remains to be proven.

The foregoing are the principal pathological elements found in putrescent pulps as far as the odor is concerned, but this is not all; and now comes a very important and very interesting part of the subject. We find that discolored teeth have almost always contained putrescent pulps. This being the case, then there must be some other element that causes this discoloration.

Physiology teaches us that iron is present very largely in our systems, and is distributed throughout the system by the red blood corpuscles, and in case of a putrescent pulp these red blood corpuscles are broken up and iron is set free. Now, what becomes of this iron? It readily and rapidly unites with the hydrogen sulphide present, sulphide of iron is formed, and this is one of the causes of discoloration. Now for another. There is a fact that we all know, that a pulp will sometimes die and lie dormant for months and even years, without giving the slightest trouble, and the moment the pulp chamber is opened and air is admitted, trouble is at once set up, and sometimes in spite of all we can do, we have a case of perecemtitis and in rare cases abscess.

From research we find there are micro-organisms that lie dormant in the absence of oxygen, and before the pulp chamber is opened, it is, comparatively speaking, air-tight and of course contains no oxygen, but the moment the air is admitted the oxygen therein

contained arouses the activity of these micro-organisms and therefore intensifies the process of putrefaction to a marked degree. Now, what is the result of this? The reaction caused by the union of iron, hydrogen sulphide, and oxygenated hemoglobin of the blood, causes the formation of the chief coloring matter of the whole putrefactive process, viz., sulphomethemoglobin. This discoloring process is a very rapid one and should always be guarded against.

One author has said, "He who permits a tooth containing a dead pulp to become discolored after treatment has commenced is certainly deserving of censure in a majority of cases," and he is right. Now, we who have to treat these cases intelligently should study these conditions and have as complete a knowledge of them as possible, so we may know what the products of putrefaction are, the therapeutic value of the medical agents at our command, and the ones best calculated to destroy these products. Now, as to this agent oxygen, which we have stated causes such great activity of a certain class of micro-organisms in proper combination, is one of the best, if not the best, agent we have at our command for the treatment of putrescent pulps, both as a destroyer of the odors and also as a bleacher for the discolored tooth; in few words, it is one of the best germicides and bleachers.

There are a great number of agents containing this oxygen, such as peroxide of hydrogen, pyrozone, hydrozone, permanganate of potash, etc. From all of these agents nascent oxygen is readily liberated and combines with the numerous products of putrefaction and destroys them by oxidation. This process is a sort of "fighting the devil with fire" business; the presence of oxygen is one of the causes of the trouble, and still this same agent, oxygen, is one of the best for the treatment of this same trouble. In the treatment of putrescent pulps we should be very careful not to allow the pulp chamber, after being opened, to stand open for any length of time. The sooner it is treated and healed the less discoloration of the tooth there will be. Our own method is, in all cases where it is possible to do so, to apply the rubber dam, and if there is no opening, open up the canal thoroughly and cleanse it mechanically, being very careful, however, not to force any of the decayed mass through the apical foramina. At different stages of the operation wash the canal out thoroughly with peroxide of hydrogen—be sure to use plenty of this agent, and go slowly—this is one operation in which it pays to go slowly. I sometimes use as much as one ounce in cleansing a putrescent pulp canal. I would advise, also, to be very careful in using peroxide of hydrogen in pulp canals, to be sure to have a free opening for the escape of gas formed by its action on the putrefying mass. If the opening is obstructed in any way, the gas will pass through the apical foramina, carrying before it poisonous matter, causing at least pericemental

inflammation, if not abscess. When I am sure I have removed all dead pulp tissue and have the canal thoroughly clean, I insert a dressing of equal parts of carbolic acid and formaldehyde loosely on a wisp of cotton, seal with gutta percha or cement, and dismiss the patient for a few days. I never leave them open. When he returns, if there remains the slightest foul odor, I repeat the treatment until no vestige of odor remains, then for safety I wash out the canal again with peroxide of hydrogen, dry, flood with absolute alcohol, dry with hot air, and then fill with some good filling material. My preference is to place a small amount of aristol at the mouth of the canal, and blow it in with air syringe and fill with gutta-percha points dipped in chloroform; or fill with cement after mixing a small quantity of iodoform with the powder of the cement before mixing. I think gutta-percha is best, because if for any reason the filling has to be removed from the canal, it is easily done when gutta-percha is used, and next to impossible when cement is used.

A paper was read by Dr. Griffith on the subject of Specialties in Dentistry.

SPECIALTIES IN DENTISTRY.

At a meeting of this Society, held in Raleigh last year, a resolution was introduced at the instance of the retiring President, in his annual address, which had for its purport the exemption from annual dues those members who had paid dues for a period of twenty-five years.

We who exhibit the frost of winters on our heads, and who are beginning to resent enquiries concerning our age, did not ask this concession. On the contrary, had we been consulted, the resolution might have "died in the bornin'."

But it was adopted, and as beneficiaries of the graceful act, we take this occasion to acknowledge our appreciation of the manifestation of esteem in which we are held by this Society.

The first twenty-five years of human existence is regarded as the formative or preparatory period. Infancy — childhood — youth — manhood. Nature has made provisions for each stage, looking to the development of the physical, intellectual, social and moral nature of man.

By regular steps everything is adjusted to correspond with human need and comfort.

The second, or active period of life, is supposed to begin at, say, twenty-five years of age, when development is completed, at which time the burden of life's responsibilities is assumed. "Nature teems with elements and forces to wait on man's every thought, to gratify his every desire, and to respond to his every aspiration. With all her

wealth she surrounds him, and in ten thousand ways invites him to use it."

It is an elective period in man's career, and can be employed either for profit or loss.

So surely as there is a time limit to human existence, as certainly is there a limit to the period of man's active life.

He may attain to the allotted three score and ten years, but the first twenty-five years of business life proclaims success or failure. By this period he is judged. So, as the graceful act of remitting dues by this Society is a reminder that our active life is behind us, it were well that we take a retrospect of the affairs with which we have been connected, the ups and downs incident to the life of a practitioner of dentistry in North Carolina; and we trust that the same courtesy which prompted a superannuated relation to this Society will vouchsafe attention and patience while we attempt to rehearse some conclusions bearing on dentistry, which are the result of experience and observation of an active life of a quarter of a century's duration.

Till the advent of the past century, one twenty-five years of the world's history was about the same as another. History repeated and re-repeated itself until the history of one era was merely an account of a previous age; and so on until the advent of the Nineteenth Century, when the truths of revelation began to dawn upon the inhabitants of the earth as never before, and man became a free thinker—a free agent and a doer of things.

The history of the world records no greater freedom, socially, morally, politically, and religiously, than within the past century.

The term Evolution belongs to the Darwinian period, and until recent years was seldom used, save in connection with the monkey-man and his works; but is now in common every-day use.

Since we boys began to pay dues to this Society twenty-five years ago, about the only things that remain unchanged are man's love for woman, the leopard's spots and the Ethiopian's skin.

We are all evolvers now, and at the present rate of advancement in material things, the world will not need so many inhabitants. The spirit of invention and mechanical ingenuity which characterizes this age will enable one man to do the work of a hundred heretofore.

It would appear that this truth is now dawning upon mankind, or that part regarded as civilized, for a boy and a girl, maybe two boys, is the limit to the modern well regulated family, and in many a household there is no unhappiness if there be no issue at all.

We deem ourselves fortunate to have lived in this age. We know something of everything that mankind has ever known since Adam ate the Apple—war (and incidentally famine), revolution, slav-

ery, earthquakes, and so on. And we know so much more than anybody ever knew before.

But the world's greatest progress has been during the last quarter of the century just passed. In 1876 not one electric light cast a beam on the great International Exposition at Philadelphia; not a trolley line in operation in the United States. The benefits which have accrued through that great agent, electricity, extending to almost every phase of life, especially in the medical world, stands pre-eminent among important discoveries. The germ theory, Pasteur's great achievements, and those of others, are discoveries of the past twenty-five years.

But it is not our purpose on this occasion to give a dissertation on modern history, or to argue that mankind has been happier in one age than another. The world was created that men might be happy, and the age that contributes most to his preparation for eternal life is the best.

In no profession has there been more or greater improvements within the past quarter of a century than in dentistry. In addressing this company, composed almost entirely of dentists, it is unnecessary to enumerate even the more important improvements. We desire to say, however, that the tendency has been to devote time to the practical to the neglect of higher considerations. While the profession can boast of scientific investigators, such as Miller and others, whose labors have brought to light many important truths, without a knowledge of which the progress of twenty-five years might not have been affected, the greatest advancement has been along the line of the practical, such as materials, instruments, appliances, etc., which have greatly facilitated required manipulations, enabling the genius to improve upon old methods and effect the artistic to a wonderful degree. In dentistry there are three distinct departments, viz., oral surgery, operative and prosthetic dentistry.

While it is possible to practice these conjointly, as has been demonstrated thus far in the history of the profession, we believe that the highest attainments in either can best be achieved by giving undivided attention to and an intelligent pursuance of one.

This is an age of specialism and specialists, and consequently one of progress and proficiency.

There are more men prominent in their respective callings today than ever before. 'Tis especially true of those professions which have recognized and fostered the idea of division or specialization, the more active among them being medicine. We emphasize medicine, because dentistry lays claim to being a branch of the great healing art.

In a medical journal published thirty years ago, noting the ten-

dency to specialize, the editor being favorable to the idea, this paragraph occurred:

> "In medicine few men attain to distinction as general practitioners."

The inference being that a greater number might become famous by doing special work, and not in attempting to combat all the ills to which flesh is heir. The idea prevails, and has to some extent revolutionized practice in the greatest and grandest of all the professions. Hence the gynecologist, the rhinologist, the dermatologist, the specialist in nervous diseases, and many others.

The wisdom of the movement is so apparent that in sparsely inhabited sections only, do we *fail* to find specialists in medicine; and 'tis now a common occurrence for general practitioners to send their patients elesewhere to receive special treatment.

Marvelous and undreamed of things are being done in surgery. Diligent investigators, with thoughtful care are applying themselves as never before, and are constantly making discoveries and proclaiming truths which astound the medical world. Such conditions are made possible, and are the result of opportunity, concentrated thought, an eye single to one object, special research, etc. In the next most prominent profession — while not to the extent of medicine — similar conditions prevail. There is the criminal, the corporation, and other specialties of the Law.

But it may be said of Dentistry that the three departments are interdependent, and are so closely interwoven that to practice one with the highest degree of efficiency it is necessary to be conversant with the principles which go to make up the others; that the scientific and the practical are inseparable in dentistry. Let this line of thought engage us for a few moments.

We will not discuss the departments in point of their importance, as essential to the welfare of our patients, for all are equally important.

"Oral surgery is a department of general medicine — treating of diseases and deformities of the mouth, jaws and associate parts, and is supposed to deal with complications as well as with all surgical diseases and conditions associated with these regions." (Orthodontia as it is now comprehended properly belongs to this department.) The preparation necessary to enable one to practice this branch of dentistry is a knowledge of *general medicine.* The qualifications looking to the acquirement of this knowledge are: First — A trained and disciplined mind, the peculiar product of a regular course of study in a college or university, thus being in condition to receive and appreciate a scientific education.

Second — A full course in a medical college — one with a dental

department being preferable, where there is, or should be, more attention given to things pertaining to the mouth, teeth and jaws.

"*Operative*" and "*Prosthetic*" are the terms which represent dentistry as an art.

Operative dentistry consists of operations on the teeth *in* the mouth, such as filling, extracting, treating devitalized teeth, placing artificial crowns on tooth roots, etc. This is the legitimate field of operative dentistry, so-called.

It is this department of dentistry by which the world estimates the profession. Ability to fill a tooth neatly and artistically is the highest ambition of the average dentist today, and in proportion to his ability and skill in performing this particular operation are his capabilities as a dentist measured. By this is he judged, even by his conferes. He may have removed hypertrophied tonsils, operated successfully for cleft palate or double hair lip, but should he fail to manipulate gold into beautiful and enduring fillings, he is "*as sounding brass or a tinkling cymbal.*" He is not "in it"—if you will pardon a slang phrase. The success which has crowned the efforts of noted dentists throughout the entire country, not excepting present company, is based upon like qualifications. *Dental parlors* are enticing patronage for similar reasons.

There is no class of labor which taxes the entire physical being — from the crown of the head to the soles of the feet — as does faithful practice of operative dentistry. The constant exercise of the entire list of the human senses, the great tension of the nervous system, indoor life, etc., all contribute to make it a laborious occupation. Not all the duties of the operator are unpleasant or particularly fatiguing, yet the strain, both physical and mental, may be said to be constant, *and when he is tired he is tired all over.*

What has been said of operative is applicable to prosthetic dentistry — in part. There is one attainment, however, a faculty we will call it, which an instructor cannot impart, neither can it be expressed verbally or on paper, which is a requisite to the highest efficiency—the *acme* of dental prosthesis. We refer to the substitution of artificial for natural teeth, on a plate, in a manner that will restore that which has been lost in each individual case — contour, expression — a complete restoration of the features. It is a gift from the same source and akin to that which enables the portrait painter to put on canvas a perfect likeness of the human face. 'Tis a God-given talent — born in the man — not acquired.

In this particular prosthetic supersedes operative dentistry as an art. Either department is a vocation within itself, and should be so practiced. The requisites necessary to fully prepare one to practice both operative and prosthetic dentistry are: First (and above all

things)— A mechanical turn of mind. Second — A good English education — commonly referred to as a high-school education. Third — Pupilage with a preceptor who is expert and capable of teaching well one or both branches. Fourth — A course of two or more years, as the case may demand, in a first-class, *strictly and altogether dental college — of dentists, for dentists and by dentists.*

A college where special or dental medicine is taught, where things practical are given the right of way, and where students who are devoid of mechanical talent are not encouraged to spend time and money in fruitless endeavor. To practice dentistry as it is now understood and practiced, does not require the highest degree of intelligence, or, more properly speaking, that degree of learning known as higher education. Some of the best and most skillful dentists in North Carolina are men who were deprived of early educational advantages. The nature or character of the two departments of dentistry is not conducive to mental profundity.

Notwithstanding the fact that hardly two things are done exactly alike, there is a sameness, a lack of diversity which tends to deprivation of mental pabulum rather than to develop the mind. Hence it is that few dentists in any community measure up mentally with the members of other professions. Occasionally one is deemed fit for alderman or school committeeman or other minor office in public life. The selection of dentists to publicly address the people on current topics or issues of the day or to preside over large assemblies is almost unheard of. Out of probably thirty thousand dentists in the United States, not one has ever been a member of the National Congress, and only now and then do we hear of one being a member of a state legislature. All other professions have had representatives in such positions.

In their own sphere dentists command the highest respect and as a rule are moral and upright, and are everywhere regarded as quiet, good citizens. But, reason as we may, there is something that is robbing, at least withholding, from the profession of dentistry the high estimate, that peculiar respect, accorded other professions — the theologian, the physician, the lawyer and others — by the world.

Observing, weighing and measuring conditions on this line for a period of over twenty-five years, justifies the belief that the state of affairs referred to is due to the fact that *in dentistry the uneducated may do the work of the educated* — and, in instances, better work.

Comparatively few dentists are graduates of literary institutions— especially in North Carolina. People who have such advantages do not select dentistry as their life work. We have made it convenient to approach young men who held diplomas from colleges and universities in this state with the hope that they might be won for dentistry, but thus far have been unable to pursuade any that mental endowment

was necessary to practice dentistry. On one occasion we listened to a statement about as follows: "A friend of mine is considered a fine dentist; said to be at the top of the professional ladder; and yet, I know that when he quit school he could hardly read and write. I can see nothing alluring about dentistry for one who has spent four or five years in obtaining an education and desires to profit by it, entering a profession in which, apparently, education plays so small a part." For similar reasons the medical profession refuses to recognize dentistry as a specialty of medicine, although ready to admit that it has contributed largely to the relief of suffering humanity, more now than ever before; appreciates the wonderful progress, the advancement of the standard, and predicts greater things in the future for the profession. It serves our purpose to quote again from a medical journal published a few years ago, as follows:

"Argue and reason as we will, laud dentistry to the skies or degrade it to the lowest rank, the fact remains that the greater bulk of the work to be done is purely mechanical; that whilst a few practitioners, like our friend Dr. Garretson [this was written before the death of Dr. Garretson], may climb from tooth-pulling and tooth-plugging to the performance of the most serious operations, involving life itself — from being skillful dentists to skillful surgeons — the great bulk of the profession must spend their lives in the monotonous round of purely mechanical labor in which mechanical and artistic skill, along with personal qualities, are the sole guarantee of success."

There is an indirect *slur and fling* in the tone of the above which we do not enjoy, yet there is some truth contained in the editorial. Conditions have changed since the above criticism was written. The term *few years* means a great deal when applied to progressive dentistry, whether as a science or an art.

One of the most convincing evidences of the advancement of dentistry as a science is the absence of derogatory criticisms in the medical journals of today.

What one man has accomplished may be attained by another, and the reference to the late Dr. Garretson — a man highly esteemed by both the medical and dental professions in America — although out of date as to issue, is virtually an acknowledgement of the possibilities ahead for dentists who are ambitious and aspire to fame, and should encourage the young men of the profession, and also those who contemplate engaging in dentistry as a life work, to establish a foundation that will admit of *lofty building*, and to never relax effort till the *cap-stone* is placed; ever remembering that "The that seek wisdom shall find it."

We desire to be understood as favorable to the idea of specialties in dentistry, and are equally desirous that we be *not* misunderstood respecting qualifications, as expressed, looking to the highest attain-

ments and proficiency in the departments of dentistry, as classified. "No uneducated man or woman ever accomplished anything great whose achievements may not have been greater had he or she been educated."

Dentists' Citizenship, to which allusion has been made in these pages, may be improved — equal to any — through the possession of knowledge (which is power), the *surest* route leading to it being through the channel of *higher education.* An uneducated man may not hope to achieve success as an oral surgeon. An untrained mind can not acquire that knowledge which is absolutely essential to full equipment in oral surgery; and no one should aspire to become such who is not so fortified. In the lapse of time the principles which now govern the practice of operative and prosthetic dentistry may become so evolutionized that the requirements, as to educational qualifications, may be changed, but, as they are present today, as they are understood and practiced, no such mental preparation as that of oral surgery is demanded. But there is no reason why dentists should not be as intellectual, highly intelligent and cultured as members of other professions. Indeed there is every reason why they should be so. There is nothing depraved or degrading about their vocation; on the contrary, dentistry is now universally recognized as a profession, and it behooves us as members of this profession to place and maintain its standard where it rightfully belongs — among the learned professions.

To effect this an educated membership must be insisted upon as being *the* only solution of the problem — the only hope. Higher education for the operative and the prosthetic dentist, as well as the oral surgeon, is the medium through which equality with other professions may be brought about.

If it were desirable to continue in the old ways by adhering to general practice, no one mind is capable of taking in the whole of the teaching now embraced in the modern course in dentistry. They embody more than can be acquired or learned well — with things of vital importance being added constantly, both in and out of the science of dentistry. By specialization — dividing the work of dentistry — is the solution of the problem which confronts the profession — looking to the maintenance of a high professional standard.

Finally, brethren: We firmly believe that the young men who become members of this Society at this meeting will not cease to pay annual dues twenty-five years hence, and the sign of the *oral surgeon* will be kissing the breeze in all the cities and towns all over this good country of ours. Likewise the *operative dentist* and the *prosthetic dentist.* The efficiency of each will greatly exceed anything ever dreamed of in the philosophy of the hoary heads of today. So may it be!

Dr. Jones opened the discussion as follows: I am sure that all of you are impressed with the paper which has just been read. He sent it to me and I reviewed it, and I think it is one of the best papers that I have ever read on the subject of dentistry. It is comprehensive, it gives us food for thought, food for reflection. There are some points that he mentions that are not new to us, and when I first read the paper I was of the opinion that perhaps he antedates the time, but when we think of it and listen to his reasons, I am convinced that there is a great deal in it. He mentions the thought that those practitioners who have done the most for their profession, those who have really advanced and brought out the different specialties, are the men who have made a special study of those branches, and if you just think of the men in dentistry who have attained prominence in our profession, they have done likewise. Those whom you can name who are prominent in the profession are usually those men who have made a study of some specialty. So it will be in the future with those who have taken up those specialties which will come into prominence, and I tell you it is almost impossible for a man to be proficient in every branch of dentistry. I do not think the time is coming soon when we will have to take up only one branch as a specialty, but the time is coming when our cities will be filled with those men who practice dentistry as a specialty.

Then the Doctor spoke of the want of education. I do not believe that an uneducated dentist is usually as succesful or can be as successful as a man who is educated. I think it is impossible. He may know how to perform an operation, he may understand mechanics as an art, but if that man knows as well when to do as how to do, in other words, if he is an educated man and understands every department of his profession, he will be a great deal more proficient in it. I think that the success that has followed a few uneducated men in the past can be no criterion for us. The day has come when a dentist must be an educated man to succeed well, and I believe that the day has come when every man should be edu-

cated in his profession, no matter what that profession may be. I do not know that the time will ever come when one will have to be a physician as well as a dentist — perhaps that is not necessary; but I believe that the first thing that a dentist should understand is dentistry proper. If he wants to be a surgeon, then he must take a special course in that, and be not only a dentist but a physician.

The Doctor's reference to our standing in the different communities is well taken. Now, there can be no question about it that as a body of men, embracing thirty thousand in the United States, we have very little to do with anything except our profession. I do not attribute it so much to our incompetence to fill other positions, but I believe that our profession retires us from actual participation in those things, because to a great measure our time is so taken up in our profesional work that we have no time for anything else. And then comes another point, with which he closes: the solving of this problem of a proper education, and we should not aspire to be simply educated dentists, but should have the proper education before we start out.

Dr. Turner said: We young men in the profession listened with a great deal of pleasure and interest to the essay of the old patriarch who out of his almond leaves gives us advice, and we hope that he may be prophetic in saying that one man may do the work of a hundred. But I am a lazy man myself and I dislike to work, and I am afraid that this proposition which he makes is hardly practical in dentistry.

I appreciate very heartily the kind remarks that he has made about those gentlemen who have been associated with him in the early history of this Society. He has been a sort of running mate with me for many years, and I have listened to him with profound interest and always with great profit. He is a conservative man in most things, and there are only a few periods in his life in which he has dealt extravagantly in anything. I was very glad to hear when he rounded up his paper that he took back some truths which he had announced in the early part of it, and one of them in regard to the success

of uneducated men. An uneducated man who succeeds deserves more credit, vastly more credit than the man who has been duly qualified and fully educated to receive and to study intelligently the text-books of any institution of learning or any profession. But it is behind the times for a man to get up and say that an uneduacted man can do as well in any profession as a man who has had a fully-rounded education. A man can be a better shoe-maker, a better carpenter, a better blacksmith, if he is an educated man. Why, years ago the superintendent of a factory was a man who started with cleaning the cotton from the bale, and he went all through the different processes up to the point when he became able to handle a mill. Suppose we take that man now. I will say further that now he is educated in the textile departments, he is taught in the most approved manner, he has had the benefit of all that is known upon that subject laid out before him in such a manner that he can learn intelligently how to do these things, and be becomes a better manager because he is capable of acting intelligently on that subject and its special needs.

Now then, you take dentistry. Take an uneducated man and put him into a dental college. What is the result? He really does not have sufficient knowledge of the meaning of words and of technical terms, he does not have the control of his thoughts sufficiently to make any headway until he has been there for months and months. You take a college-bred man. Place before him a scientific book or a book filled with technicalities, a book that presents to him a train of thought that he has had some practice in, and the result of it is that he gets hold of the situation sometimes before the other man fairly starts; hence, education is the ground-work and it insures and gives greater assurance of success in the study of any profession and in fact of any business.

Dr. Rominger said: I want to lay my tribute to Dr. Griffith's excellent paper which he has produced. I always listen to him with great profit. He thinks, and he has the good faculty of portraying his thoughts on paper in beautiful language. I also want to endorse what Dr. Turner has said

along the line of education. I think he spoke well, but there is another thought that I would like to emphasize. On one point I want to take issue with the Essayist; I never appreciate any tendency of thought which makes us secondary in our profession. The public is apt to esteem us largely with the same esteem that we place upon ourselves, and so I do not believe that we are trailing along behind the medical profession. I do not believe it; we are a scientific body of men, and I think we stand just as high as they do, and in that particular I want to take issue with the gentleman. I understand his thought, but I do believe that we have most excellent men in our profession, as well qualified as in any profession, and we come as near being scientific as any other profession. Not all of us are rounded men; we have some here today who are rounded men, but they have not become specially distinguished because they have not perfected themselves in some specialty, and then we have men here today who are well-rounded men in all parts of their profession. They are men who are well qualified as to educational advantages. They have rubbed their backs against the walls of the institutions of learning in our country. It is something to be a rounded man.

Now, another point that Dr. Griffith spoke of. He said that there had never been a dentist in the national congress. I am proud of that fact. I am rather glad that we have not been nibbling at the pie counter. We have been able to live without it. It is only those broken-down lawyers and politicians who have been obliged to try to get a living at the pie counter; so, my friend, I take that as an honor that our profession has never been represented there.

I want to say another thing, and I want to say it especially for the benefit of the young men in our profession. Many of us are like Dr. Turner — lazy, and I want to say to the young men, do not neglect your literature. It helps us in our practice, and it helps us in our meetings; it enables us to converse more intelligently on the many important points connected with our profession. Many of the young men whom we feel

sorry for because they have not had the benefit of an education, can still be educated, and what I want to say to them is this: Do not neglect the current literature of the day.

I am glad for the progress that I see in the North Carolina State Dental Association. I stand here today to say without any spirit of vain glory that in the last few years its progress has been very marked. There is a better fraternal spirit than I have ever seen, there is a general climbing upwards and a spirit of helpfulness; I was so glad that those points were brought out last night in our departed dead, and I can say the same of many of you gentlemen if I should live till you are gone, I would like to lay a tribute to your memory because of your helpfulness. I am proud of the Dental Society of North Carolina; I am proud of our attainments, I am proud of our profession, and there lies out before us a glorious future.

Dr. Bland said: I feel that I have been neglecting my duty if I do not thank Dr. Griffith for the splendid paper which he has read. There is a great deal of food for thought in it, and I think that education is a great, great blessing to any man. I believe that a man can succeed without education, but he succeeds in spite of the fact that he has no education. He deserves all the more credit, it is true. I believe we are becoming more and more educated every year, and I believe that Dr. Griffith has told the truth in a great many instances. The truth is very hard to stand sometimes, but it is the truth nevertheless.

Dr. Griffith said: I remember reading, not long ago, an extract from a eulogy on the life of Oliver Wendell Holmes, the great writer. It was stated that the reason he was so successful in his writings was because when he sat down to write he had his readers before him and he wrote what he knew they would like to read. Now, if I were ever so well qualified to write, I would never be a success, taking that principle as a guide, for the reason that I do not consult my readers, but select from my own observations and experiences certain things which I regard as facts and I chronicle them accord-

ingly. That paper has served the purpose for which it was written, that of bringing out a discussion, and so there is no use for me to say anything more. I am especially gratified that the paper has received the reception that it has, and I thank you all very much.

The subject was passed.

Dr. Harper said: I am requested to state that Dr. Reid will receive subscriptions to Dr. Teague's little paper, "Dental Hints," published in South Carolina.

The meeting adjourned.

THIRD DAY. — Afternoon Session.

The first part of the afternoon was taken up with clinics. The meeting was called to order at 4 o'clock.

The report of Text-book Committee was received and committee discharged.

Dr. Everitt moved that a committee of three be appointed to look over the matter and see that a contract be entered into for its publication. Dr. Griffith was appointed Chairman, he to select two others.

A paper was read by Dr. J. R. Osborne on the following subject:

A FEW FLAWS IN DENTISTRY.

Flaw-picking is a modern word in dentistry, but come to think about it, it is something we all do a great deal in our work. As a general thing it is no trouble to detect flaws — plenty of them — in natural teeth, but sometimes it requires close attention and tact to pick them out in time.

I have been thinking for some time that there are some little rough places in the profession — a screw or two that might be tightened a little — a few flaws that should be picked, and by your permission and the rope extended by the committee, I proceed to attend to this this morning in this way as best I can — as I see it.

It seems to me and has for some time that the dentist does not receive the recognition he deserves. We are right important folks, and are generally looked upon with about the same welcome as the tax-collector. I would suppose the average patient thinks as reverently of the dentist as he does of some one to whom he owes forty

dollars and don't ever intend to pay. Dentists as a rule, when it comes to appreciation of services, have about the same number of friends as an old blind fox-hound. I hope I have not over-picked this flaw. If the young dentist who has spent his money, poured over his books as he should, stood the skeery test before the Board, borrowed money to pay for his instruments and is trying in every honorable way to build up a legitimate practice, can think he is properly recognized by the laity, when most of his patients — the ones he thought would never forsake him — will step down to some jackleg who has about the qualifications for practicing dentistry that my voice has for opera-singing; if that young fellow can think that folks look upon him as they should, he is optimistic a plenty. Of course we have no way of making folks do our way — there's no rope around them and they will continue to go where they please — and any paper read or discussion carried on here will not change the trend of the human mind on this line. I am not offering a panacea — just flaw-picking a little this morning. A little later on, if I don't forget it, I mean to try a poultice.

I want to flaw-pick a little with the dental laws of North Carolina. I rather think it is all right, but it seems there needs be a little takin' up of the hold-back straps, or something. For instance, I go to my court clerk to register. He has no blank-book for the purpose. No nicely printed certificates furnished him to issue. Has had no correspondence with anyone; has to look up the law to know how to register you, and then proceeds to do so on a five-cent pencil tablet. The physicians will not put up with anything like this, or the trained nurses, either, but old man dentist does and don't seem to care for a little thing like that. This is a small matter, but as the old woman said when she poured the dish-water in the sea, "Every little helps." We must recognize ourselves if we would have others recognize us. There is my poultice I spoke of.

I want to touch next upon the dentist who is in the work for the dollar only. Don't think what I say will change him or make him useful. It can hardly be done. Just flaw-picking — that's all. This fellow may have the mechanical tact and be able to answer the questions required of him by faculty and Board, and of course has all the rights, legal and otherwise, but what I wish to emphasize is this: The fellow who is in it for the dollar only, and makes no move but the one that points to the greasing of his weasel skin, never does the profession any good except it be in an incidental way. He will never join a dental society or attend one unless it comes close, and then to criticise. He never writes for the journals — takes up too much of his valuable time. As for testing materials and tinkering with tools and appliances, he will be sure to wait until some other fellow makes the sacrifice of time and money and establishes something

standard or definite. The dentist who is willing to abstract so much from his profession and give nothing in return is a rascal and a helper in fostering the idea that is too universally prevalent — that the dentist is a tradesman.

What about the young man who is thinking of taking up dentistry who has no mechanical tact? That is a bad old flaw. It seems to me a miscarriage of common sense for a young man to fail to see this early in the work. There is no calling that demands a more decided turn to mechanics than ours. When a young man calls on me and wants my advice about his taking up dentistry, I try to impress him very forcibly on this point. I tell him if I could see a chicken coop of his manufacture, I could pass on that point more definitely. I want the coop to look well and to be handy and convenient for the busy, overworked hen. This is a flaw easily found and hard to remedy. Hard to make a race-horse out of a mule, and what I am saying about him is not to tear him down or discourage him. Just flaw-picking a little this morning.

This brings me to the fellow who joins the Society to be unanimously elected President in not more than five years after joining. Of course the thing could not run longer than that without him at the head. It might collapse or coalesce with something. His air, dress, pomposity, knowledge of parliamentary law, hair-grease and dignity are things the Society can't get along without. Neglecting to choose him for chief, the Society loses him forever and as soon as he "unjines" he commences to cuss. The fusing point of his dignity and self-importance has been reached and he moulds this alloy into a pruning-hook and proceeds to go around "gougin'" a gash in everything that pops its head up that looks the least bit professional. Nature and the Dental Society here join hands in bringing out a full-fledged fool. Prod a fool and you have a bigger fool than ever. I hope you catch the gist of this flaw and the only reason I bring it out is that it may stimulate us all to be better Society workers and be better contented.

I want to flaw-pick on Ethics. It is about as harmless a concern as I know of. If it learns any of us the science of human duty to any extent it is worth the money. The way I act towards other folks — dentists and all — was pretty well settled before I knew there's a difference in dentistry and sheep-shearing. The good Lord has a great deal more to do with that than anybody, and what few touches are put upon it by the influence of the mother, home and fireside, and the environmentts of early life, are about all that amount to anything. Making a gentleman out of a jackass after he has passed the examining board is an up-hill business. As a success, making whistles of pigs' tails beats it all hollow. Every dentist is the architect of his own ethics, and you can always get at it exactly if you can find out

the estimate he places upon the Golden Rule. "Fun is for the millions — ethics for the few," said old Billings, and I suppose he meant there are more folks in the world who enjoy the ludicrous than there are who are willing to act right toward other people.

But let's flaw-pick again. We need some things to house-keep with that we haven't got. For instance, we go wild over our praise and prescription of hot air, but haven't we a way of getting it so it would be hotter and more continuous? A little old pump-gun with a knot on the end to be stuck in a flame till it heats and then stand there and pump a little every once in a while! That's pursuing a scientific idea with a whizz, ain't it? Why don't some of us who are able get up an apparatus that will do this effectively? We need hot air, uncontaminated air, and distilled water, and we don't want it in squirts — we want it to come continuous and with force. And if there's so much in aseptic dentistry, and I believe there is, we would be getting the benefit of that kind of practice. We talk of germs of disease and how easy it is for them to propagate and to disseminate their heltry and how important it is for us to use every precaution to destroy the little rascals and their foothold for colonization — and not a single method of this kind to make them even catch a short breath.

Let me flaw-pick a little more and I am done. "Ain't we a mess" when it comes to filling root canals? Don't you think we ought to standardize a little on this line? Suppose an intelligent patient of ours should pick up a dental journal and open at "Root Canal Filling." After reading the article he asks for more literature on the subject and you give him access to your library and he reads on until he has exhausted the theme. What do you suppose his idea of dentistry is as to the members of it being a unit in their work? One member of the profession swearing that chlora-percha is the only thing that will do for this work, another says put me down for gutta-percha points, another uses a creosoted stick, another charcoal points, another gold, another even alloy, another iodoform, another beeswax, another carbolic acid and cotton, and so on without end; everything in the vegetable and mineral kingdoms. I declare, I think we ought to get down on this in not quite so scattered a position. But I am not here to tell you how. Just flaw-picking a little this morning.

All I mean in what I have said is that we all do the best we can for ourselves and the profession. We all have faults as men and as dentists, flaw-picking or no flaw-picking. You might as well look for a perfect horse as perfection in humanity. My highest desires are that we as members of a dental society and brethren of a noble calling go forward in our work and in our acts toward each other and in our treatment of the good people we serve. Make us more brotherly, useful and dignified. The hope of dentistry is in organization. I

believe in local organization, and if each member would do all that he could to make each succeeding meeting better than the last one, there lies before us some great possibilities. I sometimes think that we lay members are not quite willing enough to help pull the old thing along as it should be. There is a lot of sacrifice and oceans of hard work to be done in keeping our Society in line as it is and has been, and the more each one of us does the less it makes to be done by those who are generally looked upon to do it all. I flaw-pick no more.

Discussion was opened by Dr. Everitt. He said the morning discussion had taken the wind out of his sails, but that each man was the architect of his own fortune. He was sorry of the diversity in root canal fillings, but that a clean root sealed hermetically would give no trouble. Sodoform and eucalyptus were best root fillings. He spoke too of Kellogg's preparation on live nerves with success. Dr. Parker spoke also of similar success.

Dr. Griffith said that oxychloride of zinc was an old but efficacious root filling. He had recently extracted teeth the roots of which had been filled with it for thirty-eight years.

Dr. P. E. Horton said he had often filled roots with paraffin, easy to remove, easy to force in with gutta-percha points.

Dr. Turner spoke of permanent registration books in each county, and said we needed a new law on that subject.

Dr. Betts spoke too of the same trouble. Dr. Morrow also.

Subject was passed.

A voluntary paper was read by Dr. J. E. Wyche on the subject of

EXTRACTING.

Mr. President and Members of the North Carolina Dental Society, Ladies and Gentlemen:

This branch of dentistry, if I may so designate it, certainly antedates all other branches of the profession; for nature itself began it upon our first parents at the early age of six or seven years, and even practiced "painless extraction." I will neither attempt to describe any method of painless extraction nor endeavor to take from the young mother the experience of extracting the first loose tooth with a string. The oldest instruments of which we have any knowledge

that were used for the extraction of teeth, were the old turnkeys; and from the unskillful hands which often used them, and the pain they inflicted, we should not think it strange that the idea has been handed down that tooth-pulling was akin to death. How often have we seen an innocent little child jump up into the chair to have a six-year molar pulled and the parent standing by and insisting that it was a "shedding-tooth," "had no roots," would "not hurt a bit;" or perhaps it may be one of those "big tushes," which they seem to think does not belong in the mouth, when in fact they are some of the permanent teeth and the most important of the whole set. After a child has gone through with such an ordeal, it is not anxious to "repeat the dose as often as necessary to get relief."

Then we should not think it strange that so many rush to the man who advertises "painless extraction," when often with the evil results of the "stuff" he puts in the gums, one visit is sufficient to convince them that tooth-pulling is no pleasant experience.

This branch of dentistry certainly does not receive the attention it should at the dental colleges, for often the first thing a student has to do after he matriculates is to pull some big first molar and perhaps without previous instruction; and with the attending screams and death-like groans, it is not surprising that people in the neighborhood rush to their windows to see who is being murdered. More people would have dentistry done but for their experience in having teeth pulled by some barber, shoemaker or blacksmith, who used to do so much of the extracting before the days of dentistry.

Since it is admitted that not more than twenty per cent. of the people ever have any dentistry done other than extracting, we ought surely to be as thoroughly equipped as possible for the most skillful services. The period of a child's life when shedding the temporary teeth and erupting the permanent ones, is the most important time to make frequent visits to the dentist; for the indiscriminate practice of extracting the temporary teeth too soon or not at the proper time, causes more irregularities than anything else. If possible, the temporary teeth should not be extracted until it is time for them to give place for the permanent ones; for during these years of development and growth, all the teeth are needed. Sometimes a parent will say that "my child has a double row of teeth;" then the fact dawns upon them that they have never taken the child to a dentist, nor looked into his mouth. More ignorance prevails upon the part of parents in regard to the first molars than any other teeth, because they come so early in life that they think they belong to the temporary set, when, in fact, once extracted, they are never replaced, and are really the most important of all the grinders, for they have six years more of service than the second molars, and if extracted at the wrong time (which is before the age of ten or eleven years) the second molars are

apt to tilt forward or the bicuspids to lean backward, when the whole grinding surface of the jaw is almost ruined. A series of articulated models taken at intervals of ten years or more would be necessary to show the evil results of extracting the first molars or temporary teeth. Away with such an idea among the profession, that if one or two of the first molars have to be extracted, all four of them should be extracted to preserve the harmony of the jaw, for you cannot tell that early in life whether a person will have the third molars or not. Another idea among the profession is that it is almost impossible to save the first molars if they are too far gone to fill without having to take out the pulp, because the apical foramen is so large that there is danger of getting some of the root filling through the apex and thereby causing trouble..

Then too, all dentists have not the same ability to save the first molars (for they are difficult to fill) and because they are not afraid of being haunted by the departed spirits of these teeth, they readily yield to the solicitations of the patient and take them out, and thereby bury their imperfections. The saving of the first molars certainly deserves the very best skill of the profession and they ought not to be extracted, even if the pulp has to be taken out and the crown all gone, but they should be preserved.

So many people show such poor appreciation of the value of a tooth, and because it is cheaper to pull it than to fill it, and they are afraid that if it is filled it might hurt again some day, they will not listen to reason, but insist upon having it out. Imperfect mastication of food is one of the chief causes of so many troubles that arise from indigestion and dyspepsia. If the medical profession would make a more thorough examination of the mouth and teeth, they would doubtless find some of the chief causes of so much facial neuralgia.

Children so often fail to chew their food well, because some pulp is exposed or the gums are growing into the approximal cavities and the food misses the most important step in digestion. Then we should not think it strange that so many suffer with indigestion. It is not necessary here to describe how to extract all the different teeth, what *kind* of forceps to use, neither when to extract or not; for that should be left to the judgment of the dentist.

The lower third molars or wisdom teeth, so-called, are often the most difficult of all the teeth to extract and the least serviceable of all. I have found the physics forceps the best for loosening them where the other molars are all in place; however, should the third molar tilt forward against the second molar it might be necessary to extract the second molar first, but I would not advise that unless it was absolutely necessary.

For the extraction of so many roots of teeth which are decayed or broken off below the margin of the gum or bone, the Howe screw

system is far superior to any other method, because it is so much less painful than with the forceps, and less destructive to the gum tissue and alveolar process, which is so important in the front of the jaw where the process is so thin and so necessary in the lower jaw to assist in retaining a lower plate. The screw system is very simple and easy. First take a fine nerve broach without any barbs upon it and find the nerve canal, then take an ordinary round burr, either No. 2 or 3, and drill straight into the canal until the solid part of the root is reached, then take the smallest size tap, No. A A, and cut the threads, using the hand, then follow this with the next larger tap, No. A, and then No. B, if it is a large root, then insert the screw post the size oi the last tap used, and grasp the post with a pair of flat-nose pliers and pull straight, *not* bending the post. It is astonishing how much these screws will hold, because they are parallel and every thread holds and they are not apt to split the root like the tapered screw. If it is a lower root, the same directions will apply as for the upper, only it may be necessary to use the right angle taps if the mouth cannot be opened wide enough to use the longer taps, then when the screw-post is inserted a tooth in front or behind the root to be extracted can be used as a fulcrum upon which to rest the pliers and lift the root so gently. If the tooth has two roots it may be necessary to put a screw into each root to be doubly sure.

Patients will insist that it is so painful to put the screw into the root, when in fact it is not, because the pulp is usually dead in all such roots. This comes nearer to being "painless extraction" without the use of an anaesthetic than any other method and is not attended with the bad after results of the cocaine preparations, for most of us know well enough how painful it is to extract some roots with forceps. Sometimes in extracting a tooth with forceps a root may be broken off so deep that it is impossible, almost, to get it with forceps, or it may be in a crowded place where it cannot be reached with the forceps. Then it is that a screw will be found very useful. It is always best to get out every piece of root, if possible, because a very small piece of root may cause a lot of trouble.

More skill is often necessary to extract some teeth than mere physical strength. I was once called upon by a blacksmith to help him extract a long "tush," as he called it, in the lower jaw of a mule of the "long-eared variety," which was cutting a hole in the upper lip every time the mule shut his jaw. They had his muleship securely tied and lying upon the ground, so I put a block of wood between the jaws to keep him from biting my foot, placed my foot against the lower front teeth and called for a pair of long-handled tongs and soon had the "tush" out.

In advanced cases of pyorrhea, or Riggs' disease, where the teeth are all loose, with pus oozing out from around them, the cold steel

should be used sooner for the health of the patient, for there is no doubt in my mind that the life of many a patient is shortened by trying to keep such teeth in the jaw, for with our best efforts it is only a question of time when such teeth have to go, for extracting is the only sure cure for many cases of pyorrhea. In using the forceps for extracting, be sure to get the beaks well down upon the root, so as to get it at the first effort if possible.

Nitrous oxid gas is considered the best and safest anaesthetic to use in extracting, but it is too short to get some teeth, or many teeth, under one administration, though it can be given two or three times in succession and the operator has to be pretty dexterous to get out many teeth.

Patients sometimes come and say they have been suffering for days or weeks, and not able to sleep or eat, and when asked why they have not sought the services of a dentist, they will reply that Mr. So and So said it was "too sore to pull," and "I have been waiting for it to get well first," when in fact, all that suffering and risk to life might have been prevented if the tooth had been extracted sooner.

I knew of a boy who lived some distance in the country, and he died, they said, of some trouble with his jaw, when I am satisfied he died from septicemia caused by an abscessing tooth. If a patient has any trouble with his jaw after a tooth is extracted, it is hard to get him to come back to see what the trouble is, seeming to think that that was part of the job.

Sometimes a tooth has reached such a stage in abscessing that extracting does not prevent it from running its course, and the dentist blamed, possibly for all the after trouble. On one occasion I extracted a large lower molar and several days afterwards the patient came and said he was still suffering with his jaw and that it was blue where the tooth was pulled and what should I find but a large blueberry or huckleberry which had dropped into the socket, perhaps while he was taking some from the pantry.

Adjournment.

THIRD DAY. — Evening Session.

After a trolley ride tendered by the local dentists, the Association met in the pavilion at Nissen park.

Discussion on the paper read by Dr. Wyche in the afternoon session was opened by Dr. Harper: Mr. President, it is said of Napoleon that he never showed cowardice except when he went to have a tooth extracted. I remarked this evening

that there was about 110 per cent. of the human family who dreaded the operation of extraction, and perhaps that per cent. might be increased by adding the dentists to the number because they are generally a very cowardly crowd. But just how to overcome the difficulty is one of the questions that is ever uppermost in the minds of thoughtful and prudent practitioners, for that every dentist is anxious to relieve his patients of pain there is no question, and every dentist hails with gladness every thought that comes from whatever source that tends to give relief, that enables him to perform any operation with more comfort, with more pleasure, and hence when cocaine first was brought before the public, it was hailed with great delight. Everybody wanted to use cocaine, everybody was in search of something to give relief, everybody was dreading the operation of extracting teeth, because they did not want to give pain, and all the world was standing aghast at the realization of having to have a tooth extracted.

That cocaine is an anaesthetic there is no question, that it does in many instances alleviate pain needs only to be stated; that it does an important part in the work assigned to us is true, but cocaine or eucaine or any other kind of caine that I ever knew had some danger in it. In fact the first Cain I ever knew killed his brother Abel (applause), and now if I had a good hickory cane I could use it on this old gentleman. So all the Cains are dangerous elements and should be used and handled with a great deal of care. But extracting teeth is a terrible ordeal — it is a subject that goes to the heart of not only every patient, but every dentist as well, because that kind of a dentist who cannot be touched with that feeling of pain and that fear of pain that is so manifest in the case of our patients when it becomes necessary to extract a tooth, is hard-hearted indeed. Especially does the extracting for children appeal to us. When it becomes necessary to know just what to do and just whether to extract or not, that is one of the questions that appeals to us so closely that we are anxious for anything that will help us to perform that duty painlessly; but when we say, or when any man or woman says that there is

no danger in cocaine, I fear that they have not the love of human life, or the love of the truth that an old pious mother might implant into our very heart, and hence he who uses it should use it with care.

The extraction of the six-year molar is one of the things that is always a question, and one of the questions that is never settled, because the dental profession is divided upon this question. There were some very intelligent remarks in the paper read before us this afternoon by Dr. Wyche, and I endorse the positions he took. The vast majority of patients that come to us do not realize that the six-year molar is a permanent tooth, and hence day after day, hour after hour we all ought to teach them that it is one of the permanent teeth, and needs to be preserved, and in order that it may be preserved, if there is a badly decayed pre-molar beside it, after it is sufficiently erupted, I believe that we can often do a fine service by extracting the pre-molar that its baneful influence may not be held in contact beside that of the permanent molar, resulting later in a cavity; and I believe that the six-year molar, unless there is some very great reason for extracting, should always be preserved, and I will place myself on record before these gentlemen that I save every one of them that I can, not in the particular instance that I so much dread to give the pain, or so much dread to extract the tooth, but I believe that He who caused these teeth to grow, He in whose mind the proper number of teeth were given, desires that the six-year molars should be preserved, and I believe that we are executing His will in preserving them, and hence to extract them is the last thing that I can do for them, just as it is with all of you.

Now, Mr. President, there are so many good looking old gentlemen around here who would like to say something on this subject, and doubtless have a great deal to say, I guess we boys had better not say much.

Dr. Griffith: I move that the discussion be suspended for a time, owing to the social nature of this occasion.

The motion was carried.

Miss Rominger, daughter of Dr. Rominger, was asked to favor the gathered company with a recitation, which she did. The recitation was entitled "The Office Boy," and was most appropriate to the occasion.

After refreshments had been partaken of, the President appointed the Finance Committee, as follows: Dr. Rominger, Dr. Carroll and Dr. Edmundson.

The meeting then adjourned.

FOURTH DAY. — Morning Session.

The meeting was called to order at 9 o'clock by the President.

A paper was read by Dr. W. W. Rowe on the subject:

THE LITTLE THINGS IN DENTISTRY.

Solomon the Wise hath said: — "Take us the foxes, the little foxes that spoil the vines, for our vines have tender grapes."

Fifty years ago when dentistry was looked upon as an art instead of a profession, it was legitimate, nay imperative, that each artisan guard safely within his own breast, all the secrets and skill he had acquired, lest his rival obtain them and use them to his profit.

To-day, as an inter-dependent profession, we must foster co-operation, for it is a basic principle, and upon it the success or failure of our profession rests.

First let us consider our duty to the young practitioner. The present curriculum of our dental colleges and the additional term of years goes much farther in perfecting the student of today than the course of five or six years ago. Yet there is a vagueness, an uncertainty, upon the part of the young fledgling, the untried theories, the lack of assurance, that the years of practice will afterwards bring.

The cry of the little stranger is heard in the home. How the tiny voice penetrates every nook and cranny, servants pause in their work to listen to the tiny wail, brothers and sisters tiptoe in awe from room to room, but there is one whose subtle instinct is attracted to the little waif so newly launched upon life's stream; a source from which emanates warmth, shelter, and security, as it nestles in her arms, and from her also emanates the sustenance of the babe.

So the alma mater maternizes the student, until the sturdy lad is ready to go out into the world, and take his place among men.

But there is an interim, when the fledgling, having been weaned

from the milk of the dental college, is yet not strong enough to eat and digest the strong meat which is the diet of those farther along in years and experience in his chosen profession.

And now, my brother, what has been your attitude to this youngster, whose bright, new shingle hangs some morning close to your door? Does not your mind revert to the time when you also had to face the world, and all was new, untried and strange?

There he is, and there he will stay, and his relation to you will be just what you make it. Take him under your fostering care, encourage him to come to you with his confidences, help him to meet the trials and discouragements we all have to encounter, and nine times out of ten you will not find an opponent, but a young companion, who will often relieve the tedium so often imposed upon us in our profession, and (without the constraint that a partnership entails) you will have a partner and mutual co-operation will be a pleasure.

Then don't keep all those little wrinkles to yourself, that years of hard knocks and experience have taught you, but tell the young man how to put some of the theories that are making him top-heavy, into practice. Make the hand do accurately what the brain dictates. Show him how nicely you slip a cylinder of gold into the cavity so that it will not wabble, and drop out while you are reaching for another piece to support it.

Tell him how to procure an impression that will give a denture as accurate a fit in a soft, flabby mouth, as where the palate and ridge are hard and firm. Tell him how to pack a case with an even amount of rubber, being sure of having enough, and little or no excess. Demonstrate how you get the joints of your gum sections ground up so nicely, yet never crack a block or have dark joints. Tell him the little wrinkle of going carefully around the edges of the vacuum chamber with a rubber chisel, seeing that the line of continuity is not broken, then taking a wheel burr and making a continuous, even undercut all around it, when — presto — the plate that was continually dropping is rigid and firm in the mouth. Tell him the hundred and one little things that a father would tell his boy, and you will never have a rival, but a comrade, in the profession.

How much the younger members of this Society owe to our lamented Dr. Thos. Hunter, to Drs. Everett, Turner, Harper, Rominger and others who have taken a peculiar pleasure in imparting knowledge and the result of their labors to the young men whom they have gathered around them.

Patient versus Dentist.—In no other profession is as much discrimination called for as in dentistry, where all classes and conditions of people are to be met. Temperament, physical conditions, age, sex — all appeal to the practitioner — and he should be an expert physiognomist.

How true the adage that "A chain is only as strong as its weakest link." Young man just recently graduated, practitioner of years of experience, run over these links carefully one by one, test their strength, find the weak point, if you are not sure how you would meet a certain case were it in hand, make it a thorough study, experiment, have your laboratory light and airy, well equipped, and as clean and attractive as the operating room, take the Cosmos motto as your life motto: "Observe, Compare, Reflect, Record."

Remember that there are no two cases alike. Young man, with all the diversity that there is in your profession, there is little time to devote to the latter-day novel! You are launched into a perfect maelstrom of competition. As expressed by Matthew Arnold, "You are in action's dizzying eddy whirled." You are pitted against men of brains, research, and thought. As you begin so shall you endure, sink or swim, live or die.

Then lay a careful snare for the little foxes that eat up the tender young shoots; the vine that has just been transplanted needs no pruning, but must be tenderly nourished, carefully trained; so the little things in dentistry; the bright, clean, attractive office, comfortable easy chairs in the waiting-room, a few pots of flowers with their bright blooms in winter, a vase of cut flowers in summer, one or two recent magazines or papers on the table; if your limited means will not admit mezzotints and half-tones, have a few good engravings on the walls, for in no profession is a man so judged by his surroundings as in the dental. Then, is it necessary to say that cleanliness in the operating room, sanitary cuspidor, bright, well-kept instruments, spotless linen, the personnel of the dentist himself, all bear an immense weight in moulding the impressions of your patients?

Just a word regarding the manner in which you approach a patient. Young or old, rich or poor, just use the gift of good common sense nature has endowed you with, and be sure you don't err right here! You pride yourself upon your affability, do you? That's excellent, but don't overdo, don't be too suave, be alert to please, but always remember that adaptability will be a surer ally than affability. You do not manipulate gold, cement and amalgam after the same formula. One patient is a diamond (in a practice of twenty years I have found but few), another a pearl — bless these sweet pearls — I love to work for the children; another an angel (rarest of all species), the balance (?), well they certainly don't fall under any of the above classifications. I like to be charitable and imagine that some patients are not quite compos mentis, while under the tender ministry of the dental surgeon.

Was Job patient? What knew Job of dentistry, practitioner, and patient?

Truly our lives are made up of littles, sometimes the noblest and best of all, so much more sunshine than shadow.

Gird yourself with some of these little things, and as the fair maiden becomes still more bewitching, as she dons her bravest apparel, then the rings, the brooches and the chains, and goes forth conquering and to conquer, so shall we, girted with the little things that go to make up all that is true, all that is noble, all that is tried, attain the heights ambition has led us to, and finally as it is so beautifully expressed, "Wear a crown that ne'er encumbers, nor can be transferred."

Discussion was opened by Dr. Harper as follows: Mr. President, and Gentlemen: I had the opportunity of reading this paper. It takes a broad sweep of the little things that come to us in our regular practice, and is very suggestive of a great many of the things that we ought all to keep in memory. I want to call attention to one or two points that suggest thought for reflection. The first one is that the basic principle underlying our profession or any other profession is co-operation. No eulogy that I can pass upon this Society and its labors thereby establishing co-operation could do it justice. Co-operation is the basic principle upon which almost everything depends; if there were no co-operation between man and wife, there would be a blighted home. The miserable jobber outside of the profession not only in North Carolina, but in every other state, so far as my knowledge goes, has done, is doing and will continue to do dentistry as a profession a great deal of harm, and I did appreciate the remarks of our President in his address, looking toward the co-operation of all dentists and the upbuilding of the strength of the Society. If the different states of our Union did not co-operate with the national government we would have a very weak affair, and if every man were to stand alone in the profession of dentistry, if this Society were to go to pieces and there should be no organization, the strength of the profession would thereby be dissolved, and we would just simply retrograde until the profession would not have that recognition among the people that it ought to have. Now, the co-operation that has been established here has given the strength, the power, the influence, the recognition to the profession that is manifest at all times. It has been manifested during our stay in this city by the recognition that we have received by the citizens of

this beautiful city, and I am very anxious to see that co-operation extended until the work suggested by the President shall bear fruit to a far greater extent than is the case at this time.

There has been a greater in-gathering into the Society this year than ever before so far as I know, and this is the result of co-operation, and the further result of this co-operation will be that perhaps next year there will be a still greater in-gathering, and when the forces of dentistry in this state are brought together as they should be, then the miserable jobber that I mentioned will be asked to retire, and the men who struggle and stand for that which is right and noble will begin to reach the zenith of the power and glory of their profession, and until we do this, until we have this co-operation, until all our forces are united, we had just as well expect a lightning flash to stand before the sun and make darkness brood over the earth, or depend upon a mosquito to take us in some great balloon to the planet Mars as to expect dentistry to reach that glory which it ought to have in North Carolina.

I want to bear tribute to the young men who have come before the Board this year for examination, to uphold the honor of their colleges and to maintain their positions. I am glad to know that they have taken a high stand and that their examinations, in the main, have been recognized as above the average. I am very glad indeed for these facts, but, above all, these men have caught the spirit of co-operation and many of them have joined the Society, and it is a bright star in our crown to see the young men coming to the front, willing to bear the burden, willing to make a sacrifice, willing to reap the honors that come from co-operation. I glory in this. I glory in co-operation, and I want to see dentistry in North Carolina so united and so co-operative that those powers and influences that would drag us down into the muck and mire shall have the foot of co-operation placed upon them, and those miserable jobbers trampled under the dust.

That there has been a desire to practice deception upon the people, that there has been a tendency to break the force of this organization, that there has been an effort made time

and again to break the power and co-operation and influence of this Society, goes without question. Oh, what a tangled web we weave, when first we practice to deceive; and I desire that the deceivers shall feel the power of co-operation, and that we shall stand in that bright and radiant glory which our earnest labors and our high attainments should place us.

Dr. Betts said: I desire to say just a word. I have enjoyed that paper very much, and I would like to say that Dr. Rowe is a close observer, and whatever he says comes from observation and practice. He is not a man of theories in himself, but he is a man who is practical and learns from what he sees, hears and comes in contact with. There is no tinsel or show about him. That paper had a very great deal in it that I have enjoyed, and some points that will benefit us all. I wish to commend it as a very fine paper.

The subject was passed.

A paper was read by Dr. J. R. Edmunson, as follows:

ETHICS AND JURISPRUDENCE.

For nearly six thousand years, since the creation of man, the subject of Ethics and Jurisprudence is one with which the human race, as a whole, has had to deal and will probably continue to deal with until the end of time.

But it has occupied the minds of the dental profession for a comparatively short time — about one-half century — but it seems that we haven't, as yet, satisfactorily solved the problem.

It is a subject that has been much discussed in the journals and dental meetings, the importance of which we all readily see, for each year there are men sent out whose whole lives are spent in retarding the progress of the profession of which they are members, not because it is their pleasure or intention to do this, but because they know no better, hence the necessity of counteracting their influence.

To my mind one of the most contemptible men on earth is one who is pulling down rather than uplifting a profession that is constantly striving to elevate him; and it is a most deplorable fact that the dental profession has its full share of just such illiterate and incompetent men who have not the slightest conception of anything professional, and who are so devoid of pride and ambition that they are satisfied to be classed along with the various trades of life.

It is an undisputed fact that all men will not be good even though

one come from the Heavens to make them good. We do not all receive the truth; some of us fail to imbibe the professional spirit.

These evils are due to a variety of causes, the chief one of which, I believe, is the fact that all men are not born right to begin with. No more can you take a man of low birth and make him strictly ethical than you can gather figs from thistles.

If we ever expect to remedy these troubles we must have the co-operation of the dental colleges. How much easier it is for the colleges to refuse to matriculate men who are not ethically inclined, than it is for the State Boards to refuse to grant them license after they have spent their time and money at college. If the colleges will not refuse these men admittance, it seems that the Society or State Board of the state in which they practice should have the power to revoke their license when they violate its ethics, and if we haven't any such power, it is time we were appealing to our law-makers to aid us in getting such laws that will protect our profession. It seems to me that if the dental colleges would have an agreement, for the men whom they send out, to sign, that they would abide by the requirements of the code of ethics of the National Dental Association, and of all other dental associations in affiliation with that body, that such an agreement would have a wholesome influence upon all who promise to conform to its requirements, and would do much towards perfecting our system of ethics.

And then the great "get-rich-quick" impulse is another cause. To be successful, a man must be proud of, and devoted to, his profession; he should work for its advancement and the good he can do mankind, rather than for the dollars he may gain. Many who, at first, limit their ambition to a right to practice dentistry, thinking that an open sesame to fame and fortune, when disappointment meets them, look about for commercial aids to swell their incomes, and thus drag our calling down.

They are then lost to us, and have bartered away one of the most priceless gifts which their degree holds — the right to fraternal association in their profession; in fact have sold their birthright for a mess of pottage. Then while more immediate financial gains may be theirs, they will never attain success in this commensurate with that of ethical practitioners, because the well-to-do and educated public look down on such people and are never caught in the snare of commercial dentists. The man who conducts his practice along the lines of professionalism will never have cause to regret it. Local practitioners are often guilty of saying harsh and unkind things about their competitors, which naturally cause hard feelings among them, and in this way lower the profession in the estimation of the public. How much better would it be to cultivate their confidence and respect and thereby win their professional friendship, for how often do we need

to interchange professional courtesies, and how can we do this when there is a strained relation existing between us? So let us be charitable to all mankind, especially our brthren in the profession.

"The highest culture is to speak no ill;
The best reformer is the man whose eyes
Are quick to see all beauty and all worth;
And by his own discreet, well-ordered life,
Alones reproves the erring.

"When thy gaze
Turns it on thine own soul, be most severe.
But when it falls upon a fellow-man
Let kindliness control it; and refrain
From that belittling censure that springs forth
From common lips like weeds from marshy soil."

So let each and all of us do what we can for the advancement and uplifting of our profession until our banners shall wave from the highest mountain-peaks of knowledge and refinement, ever keeping in mind the great question of questions: How can we make life give the greatest returns? There will be no period in all eternity so important as the brief space we spend on earth. And when we shall have laid down forever the working tools of life, the honest echo "well done" will not fail us.

Discussion was opened by Dr. Ware, as follows: I congratulated myself last night that we had probably passed over this subject, not that I did not desire to hear the excellent paper that our brother has just read, but from the fact that I would get rid of this ordeal. I say it is an ordeal because I am not accustomed to speakng in public and this is my first attempt before this body. To listen to the discussions is more enjoyable to me than to engage in them.

The paper just read by Dr. Edmonson was very much enjoyed. It seems to me that there is not sufficient importance attached to the subject of Ethics and Jurisprudence. The fact is that few of our colleges have enough lectures on this subject. A recent graduate told me that no lectures were delivered on this subject at his college. The professors consider that all students are gentlemen, and will so act when they enter the profession. Perhaps that will do if the man is a true gentle-

man, but as Dr. Edmundson truly says, "All men are not born right, anyway." How to get them right is the question. Every member of the Association might help to curb non-professionalism and stimulate a spirit of Ethics and Jurisprudence among all such practitioners. This might be done by forming local or district Associations, cultivating a brotherly spirit and becoming more social and united. The result will be more enthusiasm and larger attendance at our annual meetings. Empiricism and commercialism are unknown to a regular attendant of our State Society.

One mistake that we are all liable to make is to look out for the dollar more than for the real benefit due our patients. Perhaps young graduates are more likely to be guilty of this than older ones. The first thing to do is to clean the teeth and put the mouth in a healthy condition. Instead of this we begin at once to fill the teeth, get that dollar, and leave the oral cavity in any other than a prophylactic condition.

Again, when a patient comes to us from another dentist, how easy it is for us to make some detrimental remarks about him or his work, or to lend a listening ear to such from his ex-patient. That same patient will go back and talk the same way about us. It is easy to say something unkind — many times it is difficult to keep that silence which is golden. Let us at all times be filled with that fine, delicate sense of courtesy due our high and noble profession. Professional honor and personal honor ought to be identical. If a man has any honor as a man, he will have that honor as a dentist. It will be second nature with him. We owe a duty to our patients when they place themselves in our hands. It is a compliment for patients to come into our offices for treatment. They have confidence in our skill, or they would not come. Having come, it is our duty to render them our very best service. Proper care, attention, and diligence are due our patients. These we owe to them, to ourselves, and to our profession. All that has been said is briefly comprehended in this definition, namely: "the rule of right conduct." Let this be our motto. Then shall peace and good will reign through-

out our profession, and dentistry move on a higher plane than ever before.

Dr. Griffith said: "One would infer from what we have just listened to that our brother is no novice in public speaking, and he certainly possesses the faculty of having a lot of common sense; that is one of the requisites, and a most important one if a man wishes to attain success in anything, and I speak for him that if he will continue, he will wake us up later on as a public speaker. I have enjoyed his remarks and there was good common sense in them. He referred to one thing that impressed me. I have often made the remark myself that the worst thing in the world for a young man to do when he begins his practice is to try to get all the work that he possibly can, and then become neglectful of the many details that make up a successful practice. The most greedy man and the biggest fool in world is the half-educated young man, who, having been given his diploma and having secured his license from the Examining Board, begins to practice his profession. Of course, he charges exhorbitant prices for his work, it is not half done, he begins to go out every night with the ladies, parts his hair about fifty times a day, neglects to apply himself to his books or his literature, and hence makes a failure of the whole thing. He is not a rounded man in any way; he neglects his patients, does his work as quickly as he can in order to take another patient, and in the end he fails.

Dr. Betts said: I enjoyed the paper very much, and I wish to thank Dr. Griffith for what he said concerning my friend, Dr. Ware. I feel very close to him — like a brother. We were in college together, and I am not surprised at his making such an impression upon the audience this morning. He is timid, but I am very glad to see that Dr. Griffith has commended him.

Dr. Turner said: I did not hear the paper, but I gather from the discussion one of the points which I endorse very fully. It seems, unfortunately, to be the idea of most dentists in North Carolina, and perhaps in other states, that these state organizations are a sort of perfunctory thing, and simply com-

plied with because it is the custom. It is easy for the dentists of a state to band themselves together and to call themselves an association, etc., but then after we have done this we ought to stand by each other, and we ought to be charitable to each other. It is frequently the case down in Raleigh that we see the patients of many dentists living in different sections of the state, and we have the opportunity of seeing what good work has been done, and sometimes we run across the failures of men in our own profession from various parts of the state. Now, nobody can tell under what conditions those failures occurred. It is fair for me to say that a man ought not to fail when he can avoid it, but it is sometimes the case that time and circumstances conspire to prevent a man from doing his very level best, feeling that after all he may be able to correct that trouble when he gets hold of that patient again. But I say we ought not to run down the work of that brother. I think as a rule we try to patch the man up as best we can and send him back to his home dentist and let him go over it again. I know that Dr. Everitt and other dentists will bear me out when I say that we prefer to treat a man temporarily without fee, and send him back to his own dentist, and if the opportunity offers we will write to that dentist and tell him what the trouble is so that he can look after it. This feeling of friendship ought to be indulged in by all the members of our profession.

The subject was passed.

The following paper was read by Dr. Griffith:

PROGRESS OF ORTHODONTIA.

The world's Dental Congress, held at Chicago in 1893, was an epoch in the history of the dental profession. Subjects pertaining to dental surgery which had been regarded merely as side issues, and had received scant consideration at dental gatherings, were given an impetus at Chicago which has increased with the days; none more than orthodontia.

The real significance of the term had been but little understood up till that time, but the prominence given the subject, on the program and in the deliberations of the congress; the able and instructive

papers read, and intelligent discussion which followed, were a stimulation to investigators and thinking men throughout the entire domain of dentistry.

Dating from that period orthodontia has forged its way to the front in leaps and bounds, and is today a full-fledged science, as against a mere *art* formerly requiring only mechanical ingenuity, time and patience to accomplish results.

If we are to judge the future by the progress made within the past ten years, we must conclude that in orthodontia "the half has not been told." The time bestowed upon investigation and the awakening of the profession to the importance of the subject, portends still greater advancement along the line of orthodontia as a science. There is nothing attracting the attention that is now bestowed upon this subject by students of scientific dentistry. The journals are replete with contributions from the profession's best talent, and if results are at all commensurate with the activity displayed, important truths are in store for practitioners of dentistry. The faculties of some of the foremost dental colleges and schools, both in this country and in Europe, are beginning to recognize the import of orthodontia as a science, and the information is heralded that the fourth year to be added to the college term in 1904 will be devoted, in a measure, to instruction in orthodontia. Recently published statements from prominent college men indicate that *certainly* more time will be given the subject than heretofore.

Special schools have been established and are being conducted by eminent orthodontists looking to a more intimate knowledge of this branch of dental surgery.

Those who have been most diligent in investigation and research are unanimous in pronouncing *occlusion* a basic principle in the science of orthodontia. To mal-occlusion is ascribed the entire category of abnormalities — mal-formations and mal-development of the teeth and jaws. Deviations from normal conditions have been classified and named, and the etiology of each is having the search-light of investigation thrown upon it.

Through the instrumentality of modern helps — such as the X-ray and other novel electrical devices and apliances, students of the new science have been rewarded for their labors far beyond their most hoped-for expectations, and new light is beginning to dawn upon many hitherto obscure things and conditions. Orthodontia has consisted, for the most part, in correcting irregularities of the teeth and has been, to some extent, practiced by dentists generally, although, owing to the time required, patience to be exercised, inconveniences encountered, and last but not least, the difficulty of realizing adequate remuneration for services rendered, the majority are averse to engaging in the practice, and would cheerfully relinquish all claims, "lights,

rights and benefits" to such cases, to the doctor across the way, who is ambitious to acquire fame as an orthodonist.

Many have been induced to undertake work of this character in order and, in many instances, for the sole purpose of improving the appearance of their patients, ofttimes losing sight of, or disregarding the importance of, effecting and maintaining proper occlusion.

When we consider the ignorance of the etiology of irregularities of the teeth and deformity of the jaws, which has prevailed, and a lack of knowledge of actual conditions which environed operations of this character, we must admit that wonderful judgment and skill has been displayed thus far on the part of orthodontists, and it goes without saying that whatever gives promise of throwing more light upon an area of darkness which has hitherto enveloped the operator, will be hailed with exceeding great joy. It is with unusual pleasure that we observe the increased interest manifested by the profession in the subject before us.

Being without the means necessary to prosecute an intelligent study and scientific investigation of orthodontia, we can only watch the trend of affairs — noting results and weighing testimony as gleaned from the pages of the journals *which are our help in time of trouble.* The matter contained in text-books becomes obsolete nowadays, almost, before it can be transferred from the hands of the writer to the publisher.

But, as in orthodontia, so it is in other things pertaining to dentistry. These are *metes and bounds,* so to speak, as fundamental in their nature as that of occlusion.

There is always danger of shipwreck in a storm, and with wild men as pilots, apprehension is increased. Proper allowance should always be made for the rantings of enthusiasts, in orthodontia as in the "new departure," etc. Such characters abound and are always present with us — they wield the pen of a ready writer, and are *24-carat elucidators.*

It is now claimed that extraction as an aid in correcting irregularities of the teeth is never indicated, that it induces mal-occlusion, and all the ills belonging thereto, and therefore never justifiable.

Many similar and extravagant doctrines are being promulgated and *will be accepted when proven.* This leads us to express the belief that the beginner, or one who has not had a few years experience in practice, should not attempt to correct or treat *only the simplest* forms of irregularity — such as pulling in or pushing out a single tooth. A knowledge of various formations and different developments of the teeth and jaws — to say nothing of controlling patients, etc., comes with experience and is absolutely necessary in order to comprehend and meet the difficulties which will be encountered in the work before him.

Orthodontia is a fascinating study and eleswhere than in the mouth it is easily mastered. Illustrations, as they appear in the text-books and journals, are often misleading, and calculated to hasten the novice's *winter of discontent.*

So long as the entire field of dentistry is committed to one man's understanding, and in the absence of specialists, so long will the practice of orthodontia be required of the general practitioner. We cannot escape the demands and necessities of our patients, hence the importance of keeping abreast of the times.

The greatest success and efficiency will accrue to him who directs his studies and investigations to the scientific aspect of orthodontia, whether it be as specialist or general practitioner.

Appliances, or mechanical devices, have furnished the principle theme for discussions when considering the subject of orthodontia at dental meetings heretofore, but henceforth will be regarded as secondary considerations, claiming attention only when the quality of power or force to be applied in practice is being considered.

There is no subject upon which committees are appointed and expected to make reports at our annual meetings, so difficult to formulate as the one we represent here today. An "out and out" written report which will entertain, interest and insruct, is an impossibility, the subject being Orthodontia.

But there is a course, which if pursued, will make such a report second to none. Practical demonstration, by means of casts, models, photographs and drawings — actual things in hand — and a ready speaker to give the history, in detail, of each case, including conditions when presented for treatment, progressive stages (represented by models), character of force employed, obstacles encountered, time consumed, etc., with models showing cases completed and retaining appliances.

Such a report would be expected from a committee expert in practice, who solicit and really do such work intelligently in *their* practice. Hence the importance of discrimination when selecting committees. No one regrets the mistake made in the good year of our Lord, 1903, more than your humble servant, Jas. F. Griffith, D.D.S.

Discussion was opened by Dr. H. V. Horton: I have read the paper, which was very carefully prepared, and there are many points of great interest in it, and it is very hard indeed to say more than was said in that paper. I believe, as Dr. Griffith has said, that this subject will be practiced as a separate science in the course of years. To go into details on orthodontia, which is largely confined to irregularities, it is

impossible for me to say anything unless we have the patients in hand. I think that is the right way to discuss this subject, and I think it would be a wise thing for us to bring our patients forward if it is possible for us to do so, and to show the different stages of progress. I know that Dr. Griffith has said more than I can possibly say, and I also know that Dr. Foster has had a great deal of experience on this subject and I have asked him to speak to you.

Dr. Foster speaks at length.

Dr. Turner said: I had occasion once to be Chairman of the Committee on Orthodontia, and I expressed the idea that was given in Dr. Griffith's paper that the great difficulty with me had been that I belonged to that class of dentists who had neglected other duties in trying to do the best possible thing in cases of orthodontia. The truth of the business is that the average dentist who is busy does not take the time to look closely into these cases and make a timely effort to reduce these irregularities, which would save the patient great disfiguration and prevent a deleterious effect upon his health. I wish that I knew enough to say something to encourage the dentists of this state to pay more attention to orthodontia. I can understand very clearly how it is that there seems to be almost insurmountable difficulties in many cases of orthodontia from one or two standpoints. The one is that we do not always get the case in time. Another is that we cannot always calculate just how much we should get for it in the way of a fee. We would like to name a fee that would justify the dentist, and would not appall the patient as to the undertaking, and that seems to be the great difficulty in orthodontia cases. If you tell a man that it will cost him $150 to correct the irregularities of his daughter's teeth, why, he thinks it is an outrageous thing, and it takes a sort of a family meeting to discuss the matter and an examination of his bank account to see whether he is willing to spend so much for the comfort and welfare of his daughter; but if that child has some physical deformity, the child is taken to a surgeon and then he has no say-so in the matter. The work has to be

done and he has to settle the bill no matter what it may be. But, unfortunately, dentistry seems to be confined in many instances to the fact that we have to specify what we are going to charge for these things. I believe that in this part of the country the people are not prepared to take in the importance of this thing as compared with the cost of it, and I believe, too, that it is one of the largest fields of usefulness in the dental profession. I have seen so many cases of jimber-jaw produced by mismanagement of the teeth, and the premature extraction of the six-year molar and other teeth, that the patient has been disfigured for life and almost hopelessly; and I have seen cases of protruding teeth, one or two teeth, or all protruding in such a disfiguring way that it made the person look like an animal rather than a human being. The question is, what are we going to do about it? Why shall we not take up this subject? Why shall we not indicate to the people that we are willing to give them such service as shall be commensurate with the importance of the operation, and tell them that we must have pay for our time just as well as the surgeon who performs an operation for appendicitis or any other disease?

I commend Dr. Griffith's paper to the profession. I myself, personally, have not done very much in this line, but I have been greatly interested in it. I am like all the balance of the profession — I shirk it a little, and I am sorry for it.

Dr. Everitt said: I want to commend most heartily Dr. Griffith's paper. He never writes but what he writes something good, and I want to say that I think he is on the right line in his ideas.

For a long while I have thought that it would be a good idea for the profession in North Carolina to have one man who has made a specialty of this subject to locate at some central point in the state, and then confine himself exclusively to cases of this kind. Every one that I know of dreads to come in contact with irregularities. The busy dentist who has a full practice can hardly afford to take up a case of irregularity, because it interferes very seriously with his regular practice;

but if some one should take up this subject as a specialty and confine himself to this work alone, it would not only be a source of a handsome income, but if he loves that particular branch it will enable him in a short time to accomplish what a regular practitioner could not accomplish in a long time, and with a great deal less pain and torture to the patient. I believe that he could do what all of us combined cannot accomplish, and I believe that he would be kept so busy all the time that he would have to take his evenings and nights for getting up his appliances. I am sure that it would save us a great deal of time during the year.

Discussion was passed.

A letter was read by Dr. Hilliard from Dr. E. L. Hunter, as follows:

OPERATIVE DENTISTRY.

Referring to some obesrvations on aesthetic filling, at the last meeting of the North Carolina Dental Society, in Raleigh, I would like to make a few observations which, however, seem rather superfluous, since hardly any member present could be other than aware of the fact that complete restoration, even "extension for prevention," is the law of the land. Indeed, it seems the *one thing* above all others which has, by common consent, been fixed and settled.

Tooth substance must not again come in contact, even if one must do *impromptu* work and therefore have to cut high up along the receding lines and under the gums. I say therefore, because if sufficient space had been previously gained it would, by no means, be always necessary. I am convinced it is the space gained, and not the mere fact that the margin is under the gums, which offers immunity.

The main difficulties tending to bring most forms of procedure into disrepute are want of patience and lack of skill in that particular method and overlooking vital principles which are coherent with principle itself and only complete with the principle in its fullness. The words "contour work, restoration and extension for preservation," comprehend not only that filling material shall take the place of lost tooth substance, but *so take it* that the margins shall be left well apart. Leave any of these margins in contact, and decay is quite as inevitable as had we resorted to the old Arthur method of cutting for space.

It is true that the exhibition of any material is not the highest manifestation of art, but the crying demand is *save the teeth*, and while there are porcelain, oxy-phosphate and the like — each good in its

place, but weak in part or the whole — we must use gold. Indeed, I doubt if any of us will see the time when it may be laid aside. "Extension for prevention" is correct even at the expense of healthy tooth structure and is the one exception to the saying, *"There is no pardon for desecrated ideals."*

It was moved and carried that a letter of thanks be sent to Dr. Hunter for his interest in the progress of the Association.

Report of Committee on Ethics was read and adopted, as follows:

REPORT OF COMMITTEE ON ETHICS.

The case of Dr. W. H. Edwards having been referred to us we beg leave to make the following report:

Upon notice, Dr. Edwards having appeared before us, made such a statement that it seemed evident that he did not intend to violate the code. We therefore recommend that his resignation be accepted; the committee being empowered and qualified to settle unpaid dues.

V. E. TURNER,
H. D. HARPER, Sr.,
Committee.

In the case of Dr. D. M. King, your committee, having notified him of meeting to look into his case, he paid no attention to the committee's invitation, and has made no defence to the charges against him of violating the code of ethics, by advertising. We therefore recommend that he be expelled.

V. E. TURNER,
H. D. HARPER, Sr.,
R. H. JONES,
Committee.

Report of Text-book Committee was read and adopted.

Report of Publication Committee was read and adopted, as follows:

REPORT OF PUBLICATION COMMITTEE.

To the North Carolina Dental Society:

Your Publication Committee has performed its duty to the best of its knowledge and ability. The work shows for itself.

J. S. BETTS.

The Treasurer's report was read and adopted, and certified by the Finance Committee, as follows:

TREASURER'S REPORT.

Amount on hand last report	$ 25.93
Received for membership	130.00
Received for dues	490.00
Received for reinstatement	12.00
Total	$657.93

DISBURSEMENTS.

Paid express on book from Dr. James	$ .65	
" on vouchers by Dr. James	80.35	
" stenographer at Raleigh	30.00	
" janitor at Raleigh	5.00	
" superintendent of clinics at Raleigh	11.80	
" for ledger	.40	
" Treasurer's bond	5.00	
" Dr. J. S. Betts, editing proceedings of Society	25.00	
" Jos. J. Stone & Co., printing, etc	130.80	
" Dr. D. T. Smithwick, one meeting Text-book Committee	6.20	
" Dr. V. E. Turner, four meetings Text-book Committee	20.00	
" Dr. R. H. Jones, one meeting Text-book Committee	9.10	
" Dr. R. H. Jones, Rep. Nat. Ex. Board	53.00	
" Dr. J. H. Benton, four meetings Text-book Committee	38.20	
" Dr. F. S. Harris, four meetings Text-book Committee	27.70	
" for printing, postage, etc	29.25	
" for Secretary, salary	50.00	
" Treasurer, salary	25.00	
Total		$547.45
Balance on hand		$110.48

R. M. MORROW, Treasurer.

After a lengthy discussion in regard to the publishing of a text-book to be used in the schools of the state, it was moved and carried that the same mileage be allowed the members of

the committee as was allowed last year, and that the committee be allowed a per diem of $5 and all traveling expenses.

Dr. Tucker was unanimously elected by the Society to make the address of welcome before the National Dental Association at its annual meeting in Asheville.

Following is the report of Superintendent of Clinics:

REPORT OF SUPERVISOR OF CLINICS.

In making his report your Supervisor gratefully acknowledges the assistance rendered in the preparation of the work of this department by members of the Winston-Salem Dental Society, and begs leave to submit the following:

The first operation was performed by Dr. C. A. Rominger, of Reidsville, who constructed a porcelain inlay, filling the mesial surface of the left central incisor, embracing one-third of the cutting edge. This perfectly restored the contour of the tooth, the colors matching completely, and the operation being successful in every respect. Dr. Rominger explained every detail of the operation in such a clear-cut and entertaining manner as to make it clear to all.

(2) Dr. J. M. Parker, of Goldsboro, made a clinic in a compound cavity of the left superior cuspid, using tin as a base. The anchorage of gold was from posterior marginal cavity of tooth. He used three and a half sheets of gold, contouring back and front of tooth, at the same time restoring crown tip perfectly.

(3) Dr. G. B. Patterson, of Fayetteville, next made a clinic, inserting in the distal surface of a right superior central incisor a large contour gold filling. In the first three-fourths of the filling he used non-cohesive gold foil, using cohesive gold foil to complete the operation. This practical operation was performed with skill and greatly appreciated by the members present.

(4) Dr. E. J. Tucker, of Roxboro, N. C., gave a clinic showing cleft palate with obturator. The cleft of fissure being closed with a rubber denture retained in position by gold crowns telescoping abutments. The uvulae, or vellum, made of semi-vulcanite and attached in position with snap clasp or gold wire to the posterior part of the denture. Method of taking impression of the hard palate and fissure or cleft, having your attachments in position: Vulcanize a piece of platinoid plate in rubber denture, extending well back in the fissure; bind this metal down in the separated uvulae to length necessary, and then build wax on this the size and shape to fill the space, and replace the tissue, allowing the vellum to rest behind the muscles. Remove this and make a model from which you make semi-vulcanite uvulae detachable with snap clasp, vulcanize at low temperature. This was a most diffi-

cult case and showed great skill and ability on the part of the clinician. The case attracted unusual interest and was very favorably received by the Society.

(5) Dr. S. P. Hilliard, of Rocky Mount, gave a beautiful compound cohesive filling, using three sheets of No. 4 gold in ropes. This filling, which was in the right central incisor, restored the tip of the tooth. Only one undercut was used, and the anchorage was entirely by angles. The hand mallet was used and only fifteen minutes was required for this difficult operation.

(6) Dr. C. L. Alexander, of Charlotte, gave an exceedingly interesting table clinic, exhibiting models and showing how he successfully combined the hood abutment with porcelain — the contour of a badly decayed superior central where the lingual wall was broken down, this being something new in dentistry. (The dental profession is indebted to Dr. Alexander for the hood abutment which he introduced about twelve years ago.) In this way he uses gold and porcelain where it is necessary to avoid an unsightly display of gold. He also uses this combination for an abutment of a small bridge in a favorable case. In another interesting case Dr. Alexander anchored a bridge with a cast filling and a hood abutment. He also showed a number of models of teeth in which he thoroughly explained the preparation of cavities for, and reception of, cast fillings.

(7) Dr. W. B. Ramsey, of Hickory, constructed a gold crown by a system in which the crown is made directly from the plaster model of the tooth to be crowned. This illustrates a very practical method of making an all-metal or open-faced crown for the anterior teeth.

(8) Dr. Jas. E. Wyche, of Greensboro, made a clinic, inserting a compound amalgam filling in the first superior left molar, using the Howe screw system for holding the filling, and a matrix for shaping the crown. He also extracted roots of a six-year molar by use of the Howe screw system. This method is very valuable in many cases as it avoids lacerating the gums.

(9) Dr. Geo. A. Carr, of Durham, administered nitrous oxide gas successfully to a patient sixteen years of age, and Dr. J. A. Gorman, of Asheville, with ease extracted a very frail lower molar.

Respectfully submitted,

J. C. WATKINS, Supervisor.

This was adopted and expenses allowed, as follows:

EXPENSE OF CLINIC.

Notice in Daily Journal	$ .96
Notice in Daily Sentinel	.40
Circular	1.00

Transfer of students' chairs	.25	
Total	$2.61	
One-half paid by Dr. R. H. Jones	1.31	$1.30
Electric connection		2.00
Alcohol		.15
S. S. White Dental Mfg. Co		16.08
Total		$19.53

It was moved and carried that a vote of thanks be extended to Dr. J. C. Watkins for the success of the clinics.

It was moved and carried that the salary of the stenographer, $25, and an appropriation of $5 for the janitor be referred to the Treasurer and paid by him.

By order of the Society, and in accordance with the requirements of the Constitution and By-laws, the following were suspended for non-payment of dues: Dr. R. S. Cole, Dr. S. B. Klutz, Dr. E. E. Richardson, Dr. C. D. Sadler, Dr. J. A. Sinclair.

It was moved and carried that the vote of thanks of the Society be extended to the local dentists for their courtesy and kindness; to Messrs. A. C. Volger & Son for their courtesy in moving chairs for the clinics without charge; to the school board of the graded school for the use of their building; to the Twin City Club for its hospitality, and to the Tillinghast Orchestra, which dispensed such delightful music at the opening meeting.

The Treasurer, in his report, read a letter from Dr. L. M. Humphrey, in which he stated that he wished to resign from membership in the Society.

On motion his resignation was accepted.

Election of officers followed.

In nominating Dr. Fleming, Dr. Tucker said:

DR. TUCKER'S NOMINATING SPEECH.

Mr. President:

For President of this Association for the coming year I rise to propose the name of a member of the Association for whom, in my opinion, every member will be glad to cast his vote. A Christian gen-

tleman whose moral character stands out clear as a mirror, reflecting those great principles of life's virtue — truth and justice — a man whose ambitions are the ambitions of this Association, whose aspirations are the aspirations of this Association, and whose interests are the interests of this Association, a man who cannot be caressed, tempted or corrupted into forsaking or betraying the interest of this Association, a man who has the courage to carry out his convictions. Such a man, Mr. President, is Dr. J. M. Fleming, of Raleigh. Standing on the highest eminence of distinction in the opinion of his professional brethren, simple in manner, firm and self-poised in act, modest and unostentatious, he has always shown the genius of good common sense.

His services to this Association and his profession attest his fitness for this honorable and high position. And they are known by things written, said and done; every member of this Association knows well of his valuable services to this body. My friends, you know his courage, you know his fidelity to principle, you know his high sense of right and justice, you know that the best interest of this Association will find a safe-guard in him. Why not nominate him now, and by acclamation? He stands before you the living embodiment of honest manhood. He presents to you the high type of North Carolina citizenship. In him is illustrated the epitome of the true professional man.

He is deserving of this high honor and distinction at your hands, Mr. President, for President of this Association the coming year. With confidence and hope of your approval, I present the name of my worthy friend, Dr. J. M. Fleming, of Raleigh, N. C.

The following officers were elected:

President—Dr. J. M. Fleming, Raleigh.

First Vice-President—Dr. J. A. Gorman, Asheville.

Second Vice-President—Dr. J. B. Little, Newton.

Secretary—Dr. J. S. Betts, Greensboro.

Treasurer—Dr. R. M. Morrow, Burlington.

Essayist—Dr. P. E. Horton, Winston-Salem.

Examining Board—Dr. R. H. Jones, Winston-Salem; Dr. V. E. Turner, Raleigh; these gentlemen to succeed themselves.

The appointment of Dr. E. J. Tucker to succeed Dr. T. M. Hunter, deceased, was endorsed by the Society.

The following delegates were elected to the National Association, in Asheville: F. L. Hunt, B. F. Hall, E. O. Chambers, J. G. Marler, I. P. Jeter, P. E. Horton, J. C. Watkins, J.

H. Wheeler, G. W. Whitsett, J. F. Whisnant, W. B. Ramsey, R. E. Ware, J. R. Osborne, J. B. Little, J. H. Judd, H. V. Horton, R. M. Morrow, L. G. Reid, Arthur Fleming, W. J. Conrad, J. C. Osborne, H. G. Holland.

Morehead City was selected as the next place of meeting, provided arrangements can be made for a hall in which to hold the sessions. It was moved and carried that the time of meeting be left with the Executive Committee.

The officers elected were installed in the proper order. Upon taking the chair, Dr. Fleming said: If the recording angel ever takes any notice of such men as Tucker, and Turner, and Harper, and Everitt, I would like to say to those men, Good-bye, for I don't expect to see them in heaven. But in all seriousness. gentlemen, it would be a poor man indeed who did not recognize the honor that has been done him in being elected President of this Society. That is all that I have to say, I appreciate it very much, and will strive to give my best service to the Society.

A vote of thanks was extended to the retiring President for his very efficient services.

The following committees were appointed:

Executive Committee—Dr. Everitt, Dr. Tucker and Dr. Benton.

Committee on Ethics—Dr. Turner, Dr. Harper, Jr., Dr. Jones.

Committee on Necrology—Dr. Spurgeon, Dr. Ware, Dr. Edmunson.

Committee on History—Dr. Griffith, Dr. Turner, Dr. E. L. Hunter.

The Society adjourned to meet in Morehead City in 1904.

LICENSES GRANTED

The following are the names and postoffice addresses of the successful applicants for license before the Examining Board, in 1903:

C. B. Mott.....Statesville
J. S. Cahill.....Lone Oak, Va.
B. T. Blackwell.....Townesville
A. G. Pless.....Cruso
C. G. Powell.....Potecasi
W. A. White.....Cleveland
C. H. Lennon.....Whitesville
A. H. Fleming.....Louisburg
T. S. Goss.....Creston
J. W. Stanley.....Chadbourn
L. I. Gidney.....Shelby
C. A. Reeves.....Lamar
J. A. White.....Hobgood
F. E. Perkins.....Muttenz
B. F. Hall.....Asheville
C. H. Banks.....McCullers
J. A. McDaniel.....Ivanhoe
E. C. Vitou.....Southport
Z. V. Parker.....Trenton
J. C. Johnson.....Benson
E. J. Evans.....Asheville
F. D. Castlebury.....Raleigh
J. W. Sharp.....Dresden

ROLL OF MEMBERS

Alexander, C. L. ..... Charlotte
Allen, R. T. ..... Lumberton
Ballentine, J. A.* ..... Jonesboro
Banner, J. E. ..... Mt. Airy
Battle, J. J. ..... Rocky Mount
Benton, J. H. ..... New Bern
Betts, J. S. ..... Greensboro
Biggs, J. D. ..... Williamston
Bland, C. A. ..... Charlotte
Bland, M. A. ..... Charlotte
Booth, R. S. ..... Warrenton
Boyette, C. S. ..... Clinton
Boyette, Frank ..... Goldsboro
Boyette, J. M. ..... Wadesboro
Brooks, J. H. ..... Burlington
Carr, George A. ..... Durham
Carr, Isaac N. ..... Durham
Carr, R. L. ..... Greenville
Carroll, N. G. ..... Raleigh
Chambers, E. O. ..... Asheville
Conrad, W. J. ..... Winston
Dameron, L. L. ..... Beaufort
Davis, I. H. ..... Oxford
Davis, W. Ross ..... Whiteville
Early, E. F. ..... New Bern
Edmundson, J. R. ..... Wilson
Everitt, D. E. ..... Raleigh
Faulkner, Thos. H. ..... Kinston
Fleming, Arthur H. ..... Louisburg
Fleming, J. M. ..... Raleigh
Frazier, A. E. ..... High Point
Gidney, L. I. ..... Shelby
Gorman, J. A. ..... Asheville
Goodwin, J. C. ..... Dunn
Griffith, J. F. ..... Salisbury
Hall, B. F. ..... Asheville
Hall, C. B. ..... Prospect Hill
Harper, H. D., Sr. ..... Kinston
Harper, H. D., Jr. ..... Kinston
Hauser, L. A. ..... N. Wilkesboro

Harris, F. S. ..... Henderson
Hilliard, S. P. ..... Rocky Mount
Henderson, H. C. ..... Charlotte
Herndon, W. T. ..... Bennettsville, S. C.
Holland, H. G. ..... Caroleen
Horton, H. V. ..... Winston
Horton, P. E. ..... Winston
Hunt, F. L. ..... Asheville
Hunter, E. L. ..... Fayetteville
Jacobs, J. M. ..... Woodland
James, D. L. ..... Greenville
Jamieson, I. W. ..... Charlotte
Jeter, I. P. ..... Morganton
Johnson, J. N. ..... Goldsboro
Jones, R. H. ..... Winston
Judd, J. H. ..... Fayetteville
Keerans, E. P. ..... Charlotte
Lee, S. P. J. ..... Smithfield
Lennon, Carl H. ..... Whiteville
Little, J. B. ..... Newton
Livermon, A. C. ..... Scotland Neck
Lynch, Wm. ..... Durham
Mann, L. H. ..... Middleton
McCracken, F. W. ..... Sanford
McCracken, J. T. ..... Durham
Marler, J. G. ..... Yadkinville
Matthews, J. E. ..... Wilmington
Morrow, R. M. ..... Burlington
Mott, C. B. ..... Statesville
Osborne, J. C. ..... Lawndale
Osborne, J. R. ..... Shelby
Parker, J. M. ..... Goldsboro
Patterson, G. B. ..... Fayetteville
Perry, E. A. ..... Littleton
Pitts, H. C. ..... High Point
Powell, C. G. ..... Potecasi
Ramsey, R. L. ..... Salisbury
Ramsey, W. B. ..... Hickory
Regan, C. W. ..... Laurinburg
Regan, J. D. ..... Lumberton
Reid, L. G. ..... Lenoir
Reid, J. G. ..... Marion
Robey, W. M. ..... Fayetteville
Rominger, C. A. ..... Reidsville
Ross, T. T. ..... Weldon
Rowe, W. W. ..... Greensboro

Satterfield, H. G. ..... Prospect Hill
Smithson, C. F. ..... Rocky Mount
Smithwick, D. T. ..... Louisburg
Snell, H. ..... Washington
Spurgeon, J. S. ..... Hillsboro
Stanly, J. W. ..... Chadbourn
Thompson, C. A. ..... Wilson
Tucker, E. J. ..... Roxboro
Turner, V. E. ..... Raleigh
Vitou, E. C. ..... Southport
Walters, H. N. ..... Warrenton
Ware, R. E. ..... Shelby
Watkins, J. Conrad ..... Winston
Wheeler, J. H. ..... Greensboro
Whisnant, J. F. ..... Henrietta
Whitaker, Joel D. ..... Raleigh
White, J. A. ..... Hobgood
White, L. ..... Statesville
Whitehead, C. A. ..... Tarboro
Whitsett, G. W. ..... Greensboro
Wyche, J. E. ..... Greensboro
Louis H. Mann ..... Middleton

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* Died since meeting.

106